

Copyright

by

Dana Faye Stewart

2020

**The Dissertation Committee for Dana Faye Stewart certifies that this is the
approved version of the following dissertation:**

**Bullying among college students: Do moral courage and empathy affect
the likelihood that a bystander will intervene?**

Committee:

Marie-Anne P. Suizzo, Supervisor

Germine H. Awad

Toni L. Falbo

Cynthia G. Franklin

**Bullying among college students: Do moral courage and empathy affect
the likelihood that a bystander will intervene?**

by

Dana Faye Stewart

Dissertation

Presented to the Faculty of the Graduate School of

The University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree of

Doctor of Philosophy

The University of Texas at Austin

August 2020

Dedication

I dedicate this work to my late Aunt Janette. In a world where women were frequently viewed as objects and valued for their outer beauty, you used your intellect and ingenuity to demonstrate you were more than a pretty face. You attended business school when many people didn't bother to finish high school. A renaissance woman, you farmed, kept a greenhouse, ran a store, and reared three wonderful children. You had a strong personality and a stubborn streak, and in your time and place I think those were necessary to get you where you were going. And, boy, were you going. Thank you for supporting my dream of obtaining a doctorate. The trail you blazed made it that much easier for your niece to achieve.

Acknowledgements

I am so grateful to all of the academics who took time to teach me and invest in me. Thank you, Dr. Suizzo, for always being kind and patient with me. I know taking me on as a student at such a difficult time in your life was a challenge, but I will eternally be grateful for the superb expertise and guidance you have given me. My time with you has taught me that there are many wonders waiting to be explored for those who are curious. Your persistence and encouragement are very appreciated, and I thank you for challenging me to think more deeply about the concepts in my work while granting me the freedom to dream.

Thank you to Dr. Falbo. It was with you that I first experienced the joy of discovering a new finding! You pushed me to try new statistical methods and helped me push beyond the barriers of my own self-imposed limits. I really enjoyed your course on personality psychology; I think about epigenetics and telomeres with more frequency than I should! Thank you for wanting to be here as I near the finish line.

Thank you to Dr. Awad. I appreciate all the times when I showed up anxious or terrified about some statistical finding, and you helped me make sense of it. Your drive to accomplish in spite of any challenges that appear is nothing short of inspiring. It was my great privilege to be in your first class of Race, Prejudice, & Stereotypes. I know you will continue to inspire aspiring academics for years to come.

Thank you to Dr. Franklin for taking the risk of being on my committee without having even met me. I am grateful to have a social worker with social work values on my team and in my corner. Thank you for investing your time in me and my work.

I would also like to thank Dr. Barbara Dodd for being the best psychometrics professor I ever had the pleasure of experiencing. Our small talks about teaching statistics brought me more joy than you will ever know. Thank you to Dr. Marilla Sviniki for the education on education! You are a large part of why I am the teacher that I am. Thank you to Dr. David Tucker for the amazing experience that was your Human Neuropsychology course. Your thorough knowledge and extensive field experience brought such excitement and brilliance to your lectures.

Thank you to all the wonderful students I have had the privilege to teach in myriad courses over the years. I have learned so much from the opportunity to teach and mentor you. Thank you to my graduate school family. Jaimie, Lauren, Johnna, and I started the program together, and I appreciated your support as we navigated this terrain. Now I appreciate your encouragement as I near the end of this journey. Thank you to Kadie for your help during my QP crisis and the many, many times you've supported me since. Thank you to Jenn, Hien, Karen, Laura, Jane, Lisa, Cheon-woo, Jeremy, Kathy, Jason, and all of my fellow students that have helped me reach this point through shared misery, laughter, socialization, and all the things you've taught me.

I want to thank my special group of friends that are the electrons to my nucleus in my carbon atom. Shane, your unceasing belief in me and your encouragement, even when I didn't want to hear it, is so appreciated. Sarah, I am grateful for your help through the

difficult times and grateful for the joyful times we have been able to share. Erica, you are always a bright star in my sky, sending love and hope. Jennifer, your direct communication delivered with love will forever be appreciated. To Philip, I will never be able to repay you for the kindness and support you have shown me through this process. I love you dearly, and I am so glad that you are my family. Thank you to Jamal for all the support. Between bringing groceries, feeding me, fixing computer issues, listening to me whine, and showing up with a printed dissertation proposal when my printer wasn't working, I don't know for what I should be most grateful. Perhaps I am simply grateful that you are my dear friend.

Finally, thank you to my family for the support and letting me go. Especially thank you to my powerful grandmothers who awakened in me the indomitable spirit they gifted me. Nanie, you had me reading at 2, playing scrabble at 4, and watching every quiz show on television. Your dedication to learning still astounds me. You were never bothered by my incessant questions about why. You gave me unconditional positive regard and provided a safe haven for my childhood. Your home was a colorful wonderland of pure joy. Mawmaw, your feisty nature kept everyone guessing about what you'd try next. The laughter you brought me after my divorce was a gift most treasured. To you, nothing was impossible—not even a granddaughter with a doctorate. I hope I can continue to stand on your shoulders as I move into the next phase of my life, bringing with me your power and your love.

Abstract

Bullying among college students: Do moral courage and empathy affect the likelihood that a bystander will intervene?

Dana Faye Stewart, Ph.D.

The University of Texas at Austin, 2020

Supervisor: Marie-Anne P. Suizzo

The current study sought to better understand the phenomenon of bullying at the college level and to seek potential strategies to combat this bullying. Some K-12 schools have successfully incorporated bystander intervention as a means of stopping or reducing bullying (Coker, et al., 2017). Bystander intervention is the act of aiding an individual in distress in a high risk – low reward situation (Latané & Darley, 1970). This exploratory study examined a theoretically-guided model of how moral courage, empathy, and other factors relate to bystander intervention intentions for college-level bullying. Data were collected from 733 undergraduate students who completed an online questionnaire. Multiple regressions were used to analyze the data. Findings demonstrate that moral courage strongly and positively relates to the intention of engaging in bystander intervention. Empathy also positively relates to the intention of engaging in bystander intervention, but to a lesser degree. These findings align with current conceptual frameworks of moral courage, a relatively new construct in psychology (Press, 2018; White, 2015), and with the theory that empathy is altruistic (Batson, 1989). Further, these

results specifically demonstrate that moral courage and empathy are key factors to reducing bullying via bystander intervention. Importantly, these study findings also demonstrate that bullying is still present at the college level, most frequently in the forms of verbal and social bullying. These results suggest boosting college students' moral courage and empathy could lead to more frequent bystander interventions and thereby reduce bullying.

Table of Contents

List of Tables	xvi
List of Figures	xvii
Chapter One: Introduction	1
Statement of the Problem.....	1
Theoretical Framework.....	2
Statement of Purpose.....	4
Chapter Two: Literature Review	6
Bullying.....	6
Conceptual Framework for Bullying.....	7
Effects of Bullying.....	10
Effects of Bullying Others on Bullies.....	13
Factors Influencing the Likelihood of Being Bullied.....	14
Predicting Bullying Behavior.....	16
Self-Esteem and Bullying.....	17
Bystander Intervention.....	18
The Development of Bystander Intervention as a Construct.....	18
Conceptual Framework of Bystander Intervention.....	20
The Effect of Self-Esteem on Bystander Intervention.....	25
Empathy.....	26
The Conceptual Framework of Empathy.....	26
Types of Empathy.....	27

Individual Differences in Empathy as an Attribute.....	29
Motivation for Empathic Intervention.....	32
Moral Courage.....	35
A Conceptual Framework for Moral Courage.....	36
Individual Differences in Moral Courage.....	38
Conflicting Research on Moral Courage.....	41
Impact of Bystander Intervention on Bullying, Empathy, and Moral Courage.....	43
Chapter Three: Research Questions and Methods.....	45
Research Question 1.....	46
Hypothesis 1.....	46
Research Question 2.....	47
Hypothesis 2.....	47
Research Question 3.....	47
Hypothesis 3.....	47
Research Question 4.....	48
Hypothesis 4.....	48
Research Question 5.....	49
Hypothesis 5.....	49
Research Question 6.....	49
Hypothesis 6A.....	49
Hypothesis 6B.....	50

Hypothesis 6C.....	50
Methods.....	51
Participants.....	51
Procedure.....	52
Measures.....	53
Demographics.....	53
Bullied Victim Measure.....	53
Bystander Intervention Measure.....	54
Interpersonal Reactivity Index.....	55
Moral Courage Measures.....	55
Rosenberg Self-Esteem Scale.....	56
Paulhas Social Desirability Scale.....	56
History of Bullying.....	57
Preliminary Analysis.....	57
Data Cleaning.....	57
Descriptive Statistics.....	58
Reliability.....	58
Assumption Check.....	58
Power.....	59
Analyses.....	60
Linear Regression.....	60
Hierarchical Regression.....	60

Simultaneous Multiple Regression.....	61
Analysis of Interaction Effect.....	61
Structural Equation Modeling.....	62
Chapter Four: Results.....	71
Descriptive Statistics.....	71
Means, Standard Deviations, and Reliability Estimates.....	71
Frequency Counts of Bullying Measures.....	72
Bullied Victim Experience.....	72
Observed Bullying.....	74
Correlations.....	75
Research Questions/Hypotheses.....	79
Research Question 1.....	79
Research Question 2.....	81
Research Question 3.....	83
Research Question 4.....	83
Research Question 5.....	84
Research Question 6.....	84
Chapter Five: Discussion.....	91
Empathy and Moral Courage are Correlated with Bystander	
Intervention.....	92
Moral Courage and Bystander Intervention.....	92
Empathy and Bystander Intervention.....	93

Two Types of Bystander Intervention.....	95
Self-Esteem.....	97
College Students are Experiencing and Observing Bullying Behavior.....	99
Experiencing Bullying.....	99
Observing Bullying.....	100
Limitations and Future Directions.....	101
Limitations.....	101
Future Directions.....	101
Implications for Practice.....	103
Conclusion.....	105
Appendices.....	107
Appendix A – Bullying Measures.....	108
Appendix B – Bystander Intervention Measure.....	111
Appendix C – Empathy Scale.....	113
Appendix D – Moral Courage Measures.....	115
Appendix E – The Rosenberg Self-Esteem Scale.....	117
Appendix F – Social Desirability Scale.....	118
Appendix G – Bullying History Measure.....	119
Appendix H – Demographics.....	121
References.....	124

Tables

Table 1 – Frequency of Participant Ethnicities.....	52
Table 2 - Number of Items, Sample Sizes, Reliability, and Descriptive Statistics for Each Measure	72
Table 3 - Mean Frequency of Incidents of Bullying Experienced.....	73
Table 4 - Mean Frequency of Incidents of Bullying Observed.....	74
Table 5 - Correlations of Variables of Interest.....	77
Table 6 - Hierarchical Linear Regression Predicting Indirect Bystander Intervention (Empathy Subscales).....	80
Table 7 - Hierarchical Linear Regression Predicting Direct Bystander Intervention (Empathy Subscales).....	81
Table 8 - Hierarchical Linear Regression Predicting Indirect Bystander Intervention (Moral Courage Scales).....	82
Table 9 - Hierarchical Linear Regression Predicting Direct Bystander Intervention (Moral Courage Scales).....	83
Table 10 - Fit Indices of Structural Equation Models.....	86

List of Figures

<i>Figure 1.</i> Proposed Moderation Model.....	62
<i>Figure 2.</i> Hypothetical Conceptual Model.....	66
<i>Figure 3.</i> Original Model with Standardized Regression Weights.....	85
<i>Figure 4.</i> Model 2 With Standardized Regression Weights.....	87
<i>Figure 5.</i> Model 3 With Standardized Regression Weights.....	88
<i>Figure 6.</i> Model 4 With Standardized Regression Weights.....	89

Chapter One: Introduction

STATEMENT OF THE PROBLEM

In a qualitative study, Johnston and colleagues (2014) spoke with 132 college students about bullying experiences. One student described an incident he experienced in college.

“Well I remember I was in a computer class one day, and I don’t really know what happened but people started just really...uh and we had a rule whenever a person was on the ground everybody could just kick him and then we could just punch him back to the ground and then he could stand up and we would just kick him. And so one day I fell on the ground and they wouldn’t let me go up and they started kicking me and more people started coming in and it became pretty much all the males just kicking me and not letting me stand up” (Johnston, et al., 2014, p. 323).

This form of aggressive, physical bullying occurred in a classroom, and no one intervened. In fact, more students joined in to participate in kicking and hitting the student.

Another student described her experience:

“I still feel like I am being bullied by a group of almost to try to fit into a stereotype. I know in college, campus drinking is popular. I don’t want to do that because I don’t care to have fun that way. So I feel certain people still judge me because I don’t do certain things or participate in certain activities. I don’t like to go out to clubs” (Johnston, et al., 2014, p. 324).

This example of bullying is known as relational bullying. It may seem minor to observers, but from the participant's language, it is apparent that she feels distress at not meeting perceived norms. She seems to fear social isolation and judgement.

Although many people believe bullying ends with high school, there is a body of knowledge providing evidence that bullying continues into college and even into the workplace (Lund & Ross, 2017; Samnani & Singh, 2012). Yet, bullying in college students is not well-represented in the literature. In 2017, Lund and Ross conducted a meta-analysis of bullying among college students, but only 14 articles could be found that met criteria for the study. The prevalence of college bullying is estimated to be between 20-25% of college students on average, making bullying in college a serious issue (Lund & Ross, 2017).

Some effects of being bullied include low self-esteem, poor physical health, high levels of stress, an aversion to going to the place where the bullying occurs, depression, and anxiety (Rigby, 2003; Sapolsky, 2005; Singham, et al., 2017). Being bullied and being a bully are both predictors of lower educational attainment (Sigurdson, Wallander, & Sund, 2014). It is imperative that researchers turn their attention to bullying of college students to help students succeed academically and in life. It is my hope that this study will find malleable factors that can slow and eventually stop aggression and bullying on college campuses.

THEORETICAL FRAMEWORK

Olweus began the empirical study of bullying and its effects in the 1970s (Rigby, 2003). For decades bullying behavior was considered just a fact of life and something to be ignored. However, research has demonstrated that there are many negative outcomes of

being bullied and also being a bully (Rigby, 2003; Sigurdson, et al., 2015). Bullying often takes place in the presence of others, and observers may be able to aid the bullied victim. Bystander intervention is a construct with several dimensions that explains why people may or may not choose to engage in prosocial helping behavior when observing someone being bullied (Latanè & Darley, 1970). Evidence suggests bystander intervention can aid in decreasing bullying behavior in school and other social environments (Salmivalli, 2014). However, there is a high cost-low reward associated with intervening when someone is bullied. Many people choose not to get involved when observing another being bullied because there is not much to gain and the observer can lose social standing, relationships, and risk physical harm by intervening (Latanè & Darley, 1970).

The high cost-low reward with risk is also associated with moral courage (Osswald, et al., 2010). There are many types of courage, but moral courage is specifically related to observing a situation in which norms are violated and determining if the individual's moral framework is strong enough to intervene despite the inherent risk associated with defending a bullied victim. For people with high levels of moral courage, if their own moral framework values the observed other, the response to the observed aggression is so powerful it overrides the risk of helping a victim. The individual is compelled to intervene despite consequences (Osswald, et al., 2010).

Another prosocial attribute related to bystander intervention is empathy. When observing another in danger, people with high levels of empathy experience the feelings of the other, have concern for the other's welfare and experience negative emotions when

watching another suffer (Davis, 1979). All of these dimensions of empathy may cause observers with high levels of empathy to intervene when observing the other be bullied.

An effect of being bullied is low self-esteem (Rigby, 2003). Egan and Perry (1998) conducted a study that demonstrated being bullied leads to lower self-esteem which leads to further bullying. As the children in the study were bullied more, their self-esteem dropped even lower in a vicious cycle that can be harmful to the mental and physical health of the bullied children (Rigby, 2003; Sapolsky, 2005).

In addition, Azjen's (1991) theory of planned behavior describes the discrepancy between acting and intending to act. In this study, the measures of bystander intervention only measure a participant's intention to act. Although only intention is measured, this is an important first step to better understanding the impact of empathy and moral courage on bystander intervention.

Despite the negative effects of bullying, research has provided evidence that bystander intervention can increase the self-esteem of bullied victims and somewhat mitigate the effects of bullying (Salmivalli, 2014). Programs exist that teach students how to help when observing another being bullied. The goal of this study is to better understand bullying among college students and to find factors that increase the likelihood that college students would choose to intervene when observing bullying.

STATEMENT OF PURPOSE

By obtaining data from college students, I hope to add to the small body of knowledge about the prevalence of bullying on a college campus and the types of bullying that occur. I also seek to find constructs that are predictive of bystander intervention.

Because bystander intervention is a powerful tool to use against bullying, learning what causes college students to be more likely to engage in bystander intervention can reduce the effects of bullying and decrease the frequency of bullying behavior.

There are several hypotheses which this study proposes to evaluate. First, based upon the literature, I believe that empathy and moral courage will be predictors of bystander intervention. Because I am not sure if empathy or moral courage will more strongly predict bystander intervention, I propose to conduct several analyses to determine which construct is a stronger predictor. I also posit that empathy moderates the relation between moral courage and bystander intervention. There is evidence that empathy enhances moral courage, which would indicate that multiplying the effects of moral courage and empathy together will increase the likelihood of bystander intervention.

In addition, I posit that self-esteem is related to moral courage. I believe that there are many factors that predict moral courage that an individual low in self-esteem will lack. This would indicate that the bullied victim with low self-esteem would have a more difficult time defending him/herself as well as others. I also propose that levels of moral courage, empathy, self-esteem, and the likelihood of engaging in bystander intervention are impacted by bullied victim status. I posit that self-esteem, moral courage, and likelihood of bystander intervention will be lower in bullied victims when compared to non-bullied college students. In addition, empathy will be higher in bullied victims than in non-bullied college students.

Chapter Two: Literature Review

In this chapter, I will discuss the conceptual framework and empirical knowledge regarding my proposed study. I will begin by discussing bullying among college students and the impact of bullying on the lives of individuals. Next, I will discuss the Bystander Intervention Theory and its relationship to bullying, empathy, and moral courage. I will then focus on the social and affective properties of empathy, discuss individual differences in empathy, and demonstrate the importance of empathy with regard to bystander intervention. Finally, I will discuss the conceptual framework of moral courage, examine individual differences in moral courage, and discuss the interrelatedness between moral courage and bystander intervention.

BULLYING

Bullying is a frequently studied construct, but the majority of research on bullying has been conducted on children and adolescents (Lund & Ross, 2017). Craig and colleagues (2009) conducted a study composed of 202,506 adolescents from forty countries. In this vast study, 12.6% of adolescents reported being a *bullied victim*, 10.7% reported being a *bully*, and 3.6% reported being a *bully-victim* (i.e. the individual is both a bully and a victim simultaneously). While bully-victims are certainly present in the literature, the dual identity of being both a bully and a victim makes this population more complicated to study. Bully-victims also comprise a smaller percentage of the population than either bullies or bullied victims. For these reasons, this study will not focus on bully-victims.

The Craig and colleagues (2009) study suggests that bullying is pervasive across cultures in adolescence. However, bullying does not stop at the end of high school as

evidenced by studies of bullying in the workplace where up to 50% of individuals report being bullied (Samnani & Singh, 2012). Surprisingly, although college students are frequently research subjects, there is a dearth of research on bullying among college students. In an attempt to better understand the pervasiveness and types of bullying present in post-secondary education, Lund & Ross (2017) completed a review of the literature on bullying among college students. Despite using multiple academic search engines yielding 125 obtainable articles with keywords relating to college students and bullying, the researchers found only 14 articles meeting the criteria for the study. The article criteria included: available in English, provided data on prevalence of college student bullying victimization and/or perpetration, data on post-secondary students excluding specialized medical education, and assessed bullying specifically in college.

According to the Lund & Ross (2017) study, on average, 20–25% of college students reported being bullied physically, verbally, or relationally. 20% of students, on average, reported bullying others, as well. These reported rates are troubling and indicate a need for more research on the pervasiveness and impact of bullying in college students. Bullying is notoriously underreported (Lantos & Halpern, 2014), and as these data are based on self-report, there is a possibility of underreporting of bullying perpetration and victimization; therefore, the numbers could be much higher. The need for research on bullying in college students is great.

Conceptual Framework for Bullying

Dan Olweus, well-known for creating the Olweus Bully Victim Questionnaire, began empirically examining the construct of bullying in the 1970s; before that time, little

empirical research existed to support a conceptual framework of bullying (Rigby, 2003). Olweus (1991) proposed bullying is defined by three components: an imbalance of physical, psychological or emotional strength, an unprovoked and malicious attempt to harm the victim, and the malicious acts must be repeated. The first component, the imbalance of power, can be the result of the bully having direct authority over the victim (e.g. a supervisor/supervisee, an adult child/an elderly parent), or the power imbalance can be more subtle. Within a school setting and among college students, the imbalance of power can be between peers, but the bully is perceived to be stronger in some way. Some individuals have greater privilege than others, causing an imbalance of power, making disenfranchised individuals more likely targets for bullying victimization (Conn, 2004; Rigby, 2003; Smith, 2016). Examples of disenfranchised individuals can include racial and ethnic minorities, individuals with disabilities, individuals without a stable home life, individuals prone to fear and anxiety, non-heteronormative individuals, and individuals with low socioeconomic status (SES) (Lund & Ross 2017).

The second component of bullying is the aggressive behavior must be malicious and unprovoked (Bouman et al., 2012; Lantos & Halpern, 2015). Bouman, Ph.D. and colleagues are European experts in the field of bullying and aggression toward disenfranchised groups. John Lantos, M.D. is the head of Pediatric Bioethics at Children's Mercy Hospital and a research professor. Jodi Halpern, M.D., Ph.D. is a professor of bioethics in the joint medical program at UC Berkley. The expertise represented by these authors in ethics and pediatrics demonstrates the pervasiveness of bullying behavior across fields. It is important to note that conflict between peers is not bullying. A bully is

aggressive with the bullied victim on purpose, without any provocation (Lantos & Halpern, 2015). The third component of bullying is the aggressive behavior must be repeated. In some cases, victims of aggressive behavior do not properly differentiate between bullying and aggression, reporting a one-time aggressive incident as bullying (Smith, 2016). Without repetition, the aggressive behavior is not considered bullying.

Researchers have identified several types of bullying. According to Lund & Ross (2017), three forms of bullying commonly observed in social settings among college students include: physical bullying, verbal bullying, and relational bullying. Physical bullying occurs when the bully engages in behaviors such as pushing, hitting, slapping, or physically harming the victim. Verbal bullying takes the form of insults or unkind statements directed at the victim with malicious intent. Relational bullying includes spreading malicious rumors about the victim or excluding the victim from social activities (Lund & Ross, 2017).

Cyber bullying is a fairly recent phenomenon due to advances in social media. According to Lund & Ross (2017), on average 10–15% of college student reported being victims of cyber bullying. Cyber bullying takes place on internet websites where the bully may remain anonymous or reveal his/her identity (Antoniadou & Kokkinos, 2017). In cyber bullying, the bully uses the internet to harm a victim through social media outlets using verbal or relational forms of bullying (Lund & Ross, 2017). This form of bullying is, by nature, differently observed and requires a different form of intervention than physical, verbal, and relational bullying; bystander intervention for cyber bullying is not measured

in the same manner as the measure used in this study. For this reason, cyber bullying is beyond the scope of this study.

Effects of Bullying

Understanding the effects of bullying on individuals who are bullied and, to a lesser extent, on those who engage in bullying behaviors is the impetus for much bullying research. In decades past, bullying was considered the status quo with victims told to simply endure the aggressive and persistent behavior (O'Brennan, Bradshaw, & Sawyer, 2012). However, the scientific community has discovered many long-term psychological and physiological health issues associated with bullying. Ken Rigby, Ph.D. is the foremost authority on bullying prevention in Australia. He has produced over 100 publications on bullying since 1990, and was a lecturer at the University of South Australia for 26 years. Rigby (2003) lists four main areas of personal functioning impacted by being a victim of bullying: *(1) low psychological well-being, (2) poor social adjustment, (3) psychological distress, and (4) physical unwellness.*

(1) Low psychological well-being is described as a state of general unhappiness and having a lower level of self-esteem, some anger, sadness, and stress (Rigby, 2003). Egan & Perry (1998) conducted a study of 189 3rd through 7th grade children measuring *self-regard*, a facet of self-esteem, at two points during the year, November and April/May. Students subjected to bullying experienced a marginally significant decrease in self-regard over this time while students who were not bullied did not experience a change. The victimized students were also significantly more likely to have a decrease in self-perceived peer social competence. The researchers posit that social failure mediates the relation

between being a bullied victim and self-regard. This affects overall self-esteem which is correlated with an increase in bullied victim vulnerability (Egan & Perry, 1998). Therefore, having lower self-regard leads to a higher likelihood of victimization, and victimization is correlated to a decrease in self-regard, causing a cyclical pattern making it more difficult for a bullied victim to end bullying. In addition, the bullied victim's self-esteem will continue to decrease as time passes.

(2) Poor social adjustment is exhibited by difficulty relating to and engaging with peers. The victim may also experience an aversion to attending classes, work, or attending social events where bullying may occur. Sigurdson, Wallander, and Sund (2014) conducted a longitudinal study that determined if an adolescent was a bully, a bullied victim, or non-involved. 2,464 adolescents were measured in two different counties in Norway with a mean age of 13.7 and 14.9. 1,266 of the subjects with a mean age of 27.2 responded to questionnaires on general health and psychosocial adjustment. Both bullied victims and bullies were more at risk for not attaining higher education. Bullied victims were more likely to live alone, and those who were married reported a poorer relationship with their spouse than non-involved individuals (Sigurdson, Wallander, & Sund, 2014). This study corroborates Rigby's theory that poor social adjustment is a result of being bullied.

(3) Psychological distress is a dangerous effect of bullying; victims experiencing psychological distress may have suicidal ideations, depression, anxiety, or develop other mental health disorders as a result of bullying (Rigby, 2003). Singham and colleagues (2017) conducted a study of 11,108 monozygotic and dizygotic twins, measuring the difference between twins reared in the same environment at the same developmental level,

and in the case of monozygotic twins, the same genetic structure. The mean age at the first assessment was 11.3 years, and the mean age at the last assessment was 16.3 years. One twin experienced bullying while the other did not. Parents and children completed measures of bullying and mental health. The strongest effects of bullying were anxiety and depression.

While the psychological toll of being bullied is well-known and accepted in society, the effects of bullying on physical health seem to be less recognized. (4) Physical unwellness occurs when a bullying victim develops a diagnosed physical health condition as a result of bullying (Rigby, 2003). In one example, Williams and colleagues (1996) surveyed 2962 4th grade students. In these students, a significant association was found between bullying and several health issues including poor sleep, bed-wetting, stomach aches, and headaches. The physiological effects of bullying do not stop at childhood, though, just as bullying does not end at adolescence. Because being bullied can cause a great amount of stress and humiliation throughout an individual's lifespan (Rigby, 2003), the stress from bullying can cause serious health problems that can even lead to premature death.

According to Sapolsky (2005), a prominent expert on the long-term health effects of stress on primates, an individual's place in the social hierarchy impacts neural and endocrine systems. Lantos & Halpern (2015) posit that many bullies engage in aggressive behavior toward the victim to increase the bully's social status and take advantage of a weaker individual. As previously discussed, research demonstrates that individuals who have been bullied have lower self-regard and feel less able to relate to peers (Egan & Perry,

1998), making the bullied victim an easy target for a bully wishing to increase his/her social standing. Therefore, the bullied victim is often perceived as lower in the social hierarchy, which can lead to dendritic atrophy and impairment of synaptic plasticity and neurogenesis in the brain (Sapolsky, 2005). This submissive social status can also cause hypertension, higher levels of cholesterol, decreased immune response, an increase in glucocorticoids, an increase in the likelihood of miscarriage and anovulation in women, a decrease in hormone levels in the gonads, and testicular atrophy. These are serious health complications that arise from being lower in the social hierarchy and experiencing high levels of stress (Sapolsky, 2005).

Effects of Bullying Others on Bullies

Less frequently studied is the impact of bullying on the perpetrator. When bullies maliciously inflict pain on others, they are also inadvertently harming themselves. “Bullying perpetration is predictive of poor academic achievement, antisocial personality and other psychiatric disorders, substance abuse, and suicidal ideation in adults (Morcillo, et al., 2015, p. 2441). Sigurdson and colleagues (2015) conducted a study with 2464 participants measuring bullying status at a mean age of 13.7 and again at 14.9, the same data set as described in the previously mentioned study by Sigurdson, Wallander, and Sund (2014). At a mean age of 27.2, approximately 12 years later, 1266 participants responded to measures of mental health. While bullies did not show higher levels of depression than bullied victims, bullies did have higher levels of anxiety, fear, and lower social involvement than individuals not involved in bullying. According to this study, bullies and

bullied victims are both more likely than individuals not involved in bullying to be hospitalized for mental health issues (Sigurdson, et al., 2015).

In another study, Sigurdson, Wallander, and Sund, (2014) also found that bullies are more likely than other children to drop out of high school, are at higher risk for unemployment and have difficulties with work relationships, are more likely to receive disability, and are more likely to engage in addictive behaviors (e.g. smoking cigarettes, illegal drug use). The study also demonstrated that bullies are more likely to have children earlier in life, an average age of 20 versus non-involved individuals having a first child on average at 26 or 27 (Sigurdson, Wallander, & Sund, 2014). Research demonstrates that bullying others puts the bully at risk for many negative outcomes, but the literature is inconclusive on if it is the act of bullying or the antecedents of the act of bullying or a combination of both that causes these negative outcomes.

Factors Influencing the Likelihood of Being Bullied

According to Olweus (1993), certain individuals are more likely to be bullied than others. Olweus conceptualizes two types of bullied victims: (1) passive victims and (2) provocative victims. (1) Passive victims differ from provocative victims in that they do nothing to provoke the aggression of the bully. Passive victims often struggle with anxiety and insecurity more than non-bullied children, the self-esteem of victims is lower than average, and many have a negative self-image. Passive victims are more likely to be sensitive and quiet and often feel abandoned in school and lack friends. Passive victims are not violent or aggressive and are often physically weaker than others. A positive relationship with parents, especially the mother, is a predictor for bullying among boys.

Provocative victims, on the other hand, exhibit behaviors that can make them a target for a bully. Often, they are hyperactive or disruptive in a classroom which some students find irritating. Provocative victims exhibit both anxious and aggressive behaviors. There is a much higher incidence of passive victims than provocative victims (Olweus, 1993). Although they are called provocative victims, it is important to note that they still do not intentionally provoke the bully to bully them. Their behavior simply makes the likelihood that they will be bullied higher (Olweus, 1993).

The body of knowledge of bullying also demonstrates other factors impact the likelihood of being bullied. Minority status (Goldweber, Waasdorp, & Bradshaw, 2013), low SES, being lower in rank in the social hierarchy (Kim, et al., 2015), and having a disability (Green, 2018) are all factors that increase the likelihood of being bullied. Goldweber, Waasdorp, & Bradshaw (2013) collected data from 10,254 students in middle schools, grades 6-8, on bullying behavior and found that African American children were more likely to be bullied than children of other ethnicities. The way a student looked, talked or dressed was also predictive of being bullied across all ethnicities (Goldweber, Waasdorp, & Bradshaw, 2013).

Green (2018) conducted a qualitative study at a large university to examine the effect of having a disability on bullying rates. Green (2018) interviewed 7 college students with disabilities. All 7 reported having been bullied in college, and all 7 were bullied regarding the disability in elementary and secondary school. Several factors are empirically predictive of being bullied, and it is important that researchers and other professionals are

aware of these predictive factors in order to provide protection for the bullied victim to minimize the negative effects of bullying (Goldweber, Waasdorp, & Bradshaw, 2013).

Predicting Bullying Behavior

Individual differences in bullying can be predicted by personality factors as well as family factors and psychiatric diagnoses (Ahmed & Braithwaite, 2004). In a study of 516 Swiss adolescents, Perren and colleagues (2011) found that students who bully have higher levels of morally disengaged or egocentric reasoning as well as a greater focus on personal gain and likelihood of sanctions when compared to students who do not bully. Boulton and Smith (1994) studied 158 middle school students, finding that bullies are more likely to be perceived by peers as a leader, start fights, and be disruptive. Interestingly, both bullies and victims were overrepresented in students experiencing peer-rejection (Boulton & Smith, 1994).

In addition, bullying behavior was predicted by poor social adjustment, notably an effect of being a bullying victim as well, poor academic performance, harsh parental discipline, and exposure to violence and peer delinquency (Morcillo, et al., 2015). Morcillo and colleagues' (2015) study of 1,271 Puerto Rican children aged 10 and above examined differences in the number of children who bully others depending on the child's environment. 15.2% of Puerto Rican children living in South Bronx, New York bullied others versus 4.6% of Puerto Rican children living in San Juan and Caguas, Puerto Rico, a statistically significant difference, empirically demonstrating that a child's environment is impactful in determining if a child will bully others (Morcillo, et al., 2015).

Self-Esteem and Bullying

Self-esteem is an emotional factor that may impact the likelihood of being a bully or bullied. According to Blascovich and Tomaka (1991), researchers who conducted a review of many measures of self-esteem, simply, self-esteem is “an attitude, the evaluative component of self-concept” (p.116) While some studies have demonstrated that non-bully children perceive bullies to have low self-esteem (Baumeister, Smart, & Boden, 1996), Olweus (1993) believes that bullies have average self-esteem. Rigby and Slee (1992) studied 1,162 students in 2 middle schools. Using the Rosenberg scale of self-esteem, the researchers found that there was a small significant finding that students categorized as bullies have higher self-esteem. However, students who were categorized as bullied victims had statistically significant lower levels of self-esteem (Rigby & Slee, 1992). Tilindienė and colleagues (2012) found similar results with a “weak linear relationship between initiating bullying and self-confidence” (p. 76). Some researchers argue that bullies have higher self-esteem as a result of their bullying behavior, arguing that bullying others causes an increase in the bully’s self-esteem (Tritt & Duncan, 1997). Baumeister, Smart, and Boden (1996) reviewed the literature on bullying and self-esteem and proposed the threatened egotism theory of aggression. According to the threatened egotism theory, a bully exhibits aggressive behavior because the bully has high internal self-esteem, but is perceived negatively by others. Still, O’Moore and Kirkham (2001) conducted a study of 13,112 school children aged 8-18. Using the Olweus self-report questionnaire on bullying and the Piers-Harris Self-Concept, the researchers found that bullying behavior was related

to low self-esteem (O'Moore & Kirkham, 2001). The data on the relation between bullying and self-esteem are equivocal. Further research to explain this relation is needed.

BYSTANDER INTERVENTION

The Development of Bystander Intervention as a Construct

In 1964, the New York Times reported Kitty Genovese was tortured and slowly killed over a 90-minute period while 37 neighbors heard her scream for help, but did nothing to intervene. (Latanè and Darley, 1970). Andrew Mormille was stabbed in the stomach while riding a train in Manhattan. Even after Mormille's attackers left the car, 11 individuals watched him bleed out and die without intervening (Latanè and Darley, 1970). Mormille's murder was the subject of a movie, and the murder of Genovese was discussed in magazines and newspapers at the time. It is important to note that the New York Times was incorrect, and some observers did try to help Genovese. Nonetheless, these effect of these instances and similar occurrences raised the question among the populous: why did no one aid the victim? Psychiatrists, psychologists, and social scientists were sought for answers to the question, but the expert responses at the time were found lacking (Latanè & Darley, 1970).

The murder of Kitty Genovese, along with other related incidents, is perceived by many to be the impetus for the creation of the construct: *bystander intervention* (Nickerson, et al., 2014). Bystander intervention is a construct describing the behavior of an observer witnessing a victim being harmed. A model was created by Latanè and Darley describing the process undergone by an observer witnessing a victim being harmed. It also attempts to explain why some individuals choose to intervene while others do not (Nickerson, et al.,

2014). Some individuals choose not to intervene to aid a victim because there is little benefit for the observer in acting, and the cost to intervene is often high.

The high cost - low reward situation that is a basic component of bystander intervention means that some individuals will not aid the victim, even in a life-or-death situation (Latanè & Darley, 1970). This is how bystander intervention is predicted by high levels of moral courage. The relationship between these two constructs can be described by the following quote by then-contemporary New York psychiatrist George Serban: “The feeling that you might get hurt if you act and that whatever you do, you will be the one to suffer (Latanè & Darley, 1970, p. 3). Moral courage, by definition, requires that the personal values of the observer override any fear of consequences, causing the individual to aid the victim (Shelp, 1984).

Another important part of understanding why a bystander may choose not to intervene is bystander effect. Bystander effect occurs when multiple bystanders observe another individual being victimized, but no one intervenes (Darley & Latanè, 1968). When more bystanders are present, there is a diffusion of responsibility to intervene, causing bystanders to be less likely to help. In other words, when many bystanders observe the victimization of the other, each bystander is less likely to intervene because they anticipate another bystander will intervene instead ((Darley & Latanè, 1968). In addition, if several bystanders are present and no one intervenes, other bystanders are more likely to question if the victim is in as much need as the individual bystander originally thought due to the lack of response from other bystanders (Fischer et al., 2011).

Conceptual Framework of Bystander Intervention

Latanè and Darley (1970) developed a 5-step model to explain this phenomenon. The five steps include: (1) notice the event, (2) interpret the event as an emergency, (3) accept responsibility to intervene, (4) decide how to intervene, and (5) implement intervention decisions. For bystander intervention to occur, (1) an observer must recognize that victimization of some kind is occurring. With regard to bullying on a college campus, for example, one student may notice another student being aggressive verbally toward a peer on multiple occasions in a classroom before the professor arrives and class begins.

The second step is to (2) interpret the event as an emergency. In the example of verbal bullying mentioned before, the bystander may not recognize the intensity of the verbal aggression or the frequency with which it occurs at first. To intervene, the bystander must understand that the verbal aggression is an emergency. Latanè and Darley (1970) explain the conceptual framework of an emergency as a 5-part model. To be considered an emergency, the event must (1) involve harm to a victim or the threat of harm. (2) The event must also be unusual and rare, something outside of normal behavior or circumstances. In a meta-analysis by Fischer and colleagues (2011), they found that bystanders are more likely to intervene when the threat to the other is quite dangerous. When the victim is clearly in need of assistance, it is easier for bystanders to interpret the event as an emergency and respond (Fischer, et al., 2011).

(3) Emergencies vary greatly. A fire or physical attack on an individual is certainly an emergency, but verbal bullying is, as well. Verbal bullying may take longer to notice and consider an emergency than a fire or physical attack, but it is still an emergency. (4)

The emergency is unforeseen. When a bystander encounters an emergency, it is unexpected, and the bystander has not prepared to cope with the emergency. Finally, to be an emergency, (5) the event must require urgent action or the situation will deteriorate. “The threat will transform itself into damage; the harm will continue or spread (Latanè and Darley, 1970, p. 31). The example of one college student observing a peer being verbally bullied meets the requirements of an emergency because without intervention, the victim will certainly be harmed, either emotionally, physically, or socially.

The third step of the bystander intervention model is (3) accepting the responsibility to intervene. According to Latanè and Darley (1970), there are several factors that impact if a bystander will engage in step 3. The personality of the bystander, his/her own experiences, and myriad other personal characteristics will impact the bystander’s decision to accept or not accept responsibility to intervene. A large factor that may partially explain the lack of intervention in the aforementioned murders of Genovese and Mormille is the number of bystanders present. The more people who observe an emergency, the more likely they are to expect another bystander to accept responsibility and intervene (Latanè and Darley, 1970). If no one in the group is reacting to the perceived emergency, the individual bystander will more likely question if s/he should intervene, and is less likely to engage with an aggressor if no one else seems to interpret the behavior as abnormal.

Another important factor is the relationship between the victim and the bystander. If the bystander has a positive relationship with the victim and/or values the victim, the bystander is more likely to intervene. This value can be based in relationship, but also in the perception of the bystander. Perhaps the bystander believes the victim has provoked

the attack, whether verbal, physical, or relational. Characteristics such as age, sex, race, and SES can impact how much a bystander values the victim, determining the bystander's willingness to accept responsibility to intervene (Latanè and Darley, 1970). Batson and colleagues (1995) found that the value placed on the other is correlated with the amount of empathy the observer feels toward the other. Empathy intersects with bystander intervention theory through the value placed on the other.

The fourth step of the bystander intervention model is (4) deciding how to intervene. Latanè and Darley (1970) describe two types of intervention: *direct intervention* and *detour (indirect) intervention*. Direct intervention occurs with the bystander personally intervenes (e.g. breaking up a fight, standing up for a bullied victim). Indirect intervention is a less direct method of intervention in which the bystander reports the event to an authority figure (e.g. calling the police, informing a professor or teacher's aide of observed bullying).

The type of intervention chosen by the bystander depends on the bystander's self-perceived competency or self-efficacy developed from similar previous experiences (Latanè & Darley, 1970). For example, a student with social anxiety who witnesses verbal bullying on campus may not directly intervene but may instead call campus police, a detour intervention, also known as indirect bystander intervention. A student with strong social skills who feels confident in his/her ability to personally intervene may choose to directly intervene, or engage in direct bystander intervention, in a case of verbal bullying by admonishing the bully verbally and escorting the victim to a safe place. Dessel, Goodman, and Woodford (2017) conducted a study of 1616 heterosexual college students to

determine factors that influence the likelihood of engaging in bystander intervention when a homosexual student is experiencing aggression. The findings of this study demonstrate that higher self-esteem is a predictor of engaging in bystander intervention.

The final step of Latané and Darley's (1970) model of bystander intervention is (5) to implement the intervention. In order to intervene, the bystander must pass through all previous steps and then act. At this point, intervening is usually easy for the bystander (Latané & Darley, 1970). The bystander has noticed the event, interpreted it as an emergency, decided the victim has value, considered several options then decided on a plan, and is ready to implement the intervention. The caveats to the assumption that intervention is now easy are the degree of difficulty of the intervention and the level of stress the bystander is experiencing. Stress can make simple tasks more challenging, especially if the intervention requires specific skills (Latané & Darley, 1970).

Conflicting research was found by Pouwles, Noorden, & Caravita (2019) in their study of 3rd to 6th grade children. The researchers determined that a cost-benefit analysis is the last step a child takes before engaging in defender behavior against bullying. The cost-benefit analysis takes into account the risk associated with defending the other from a bully and what, if anything, can be gained from the defending behavior (Pouwles, Noorden, & Caravita, 2019). Therefore, it is not always as easy as Latané and Darley (1970) claim to move forward with the final step of intervention.

Some research has been conducted on the efficaciousness of the bystander intervention model with female college students and sexual assault. According to Franklin and colleagues (2017), 20-25% of college-aged women will experience sexual aggression.

In a study of 372 college students, the researchers found that individuals with high levels of violence prevention efficacy were more likely to intervene when observing a sexual assault and individuals supporting violence against women are less likely to intervene (Franklin, et al., 2017). These findings support the fourth and third steps of the bystander intervention model respectively: deciding how to intervene and accepting the responsibility to intervene.

The vast majority of bullying takes place in front of others, and when bystanders laugh, it rewards the bully for aggressive behavior (Franklin, et al., 2017). Even having others watch the bullying behavior without intervening affords the bully a social reward (Salmivalli, 2014). Most bystanders are not aware that they are reinforcing the bullying behavior by simply observing it. Bystander intervention is impactful for bullied victims. When compared with bullied victims without bystander intervention, bullied victims who are defended show less depression, anxiety, and higher self-esteem (Salmivalli, 2014). If individuals defend those who are being bullied, it can slow the frequency or even stop the observed bullying behavior.

Coker and colleagues (2017) conducted a study of 89,707 high school students in Kentucky over a 4-year period. Teachers and students judged to be “popular” were taught a methodology of bystander intervention called Green Dot. There was a statistically significant decline in the amount of aggression when comparing behavior in the first year to behavior in the fourth year. (Coker, et al., 2017). Bullying intervention can make a difference in the frequency of bullying. For those who have experience bullying, bystander intervention can help the bullied victim feel safer and more supported (Banyard, et al.,

2016). Now it is imperative that scientists determine what causes an individual to intervene. Because empathy and moral courage are related to the steps of the bystander intervention model, I hypothesized that empathy and moral courage will predict the likelihood of bystander intervention. Recall the steps of bystander intervention include (1) notice the event, (2) interpret the event as an emergency, (3) accept responsibility to intervene (4) decide how to intervene, and (5) implement intervention decisions.

The Effect of Self-Esteem on Bystander Intervention

There is a small body of work connecting self-esteem to bystander intervention (Dessel, Goodman, & Woodford, 2017). According to Tsang, Hui, and Law (2011), building a positive identity, which is based in self-esteem, increases the likelihood of bystander intervention. However, Evans and Smokowski (2015) report that the findings on the relation between bystander intervention and self-esteem are unclear. Supporting the work of Tsang, Hui, and Law (2011), a study by Salmivalli, Kaistaniemi, and Lagerspetz (1999) found that individuals higher in self-esteem are more likely to intervene. However, Kabert (2010) found that individuals with higher self-esteem were less likely to engage in bystander intervention. In the Evans and Smokowski (2015) study, the researchers had 5752 students with an age range of 11-19. In their study, students with lower self-esteem were more likely than students with higher self-esteem to intervene when observing bullying (Evans and Smokowski, 2015). Evans and Smokowski (2015) posit that bullied victims with low self-esteem are more likely to intervene to increase the bullied victim's self-worth. The research provides evidence that high self-esteem increases the likelihood of bystander intervention and that high self-esteem decreases the likelihood of bystander

intervention (Kabert, 2010; Tsang, Hui, & Law, 2011; Salmivalli, Kaistaniemi, & Lagerspetz, 1999). There is also evidence that individuals with low self-esteem are more likely to intervene when observing bullying (Evans and Smokowski, 2015). Because the research is unclear, further research is needed to more explain the relationship between self-esteem and bystander intervention.

EMPATHY

Empathy is a frequently studied and complex construct composed of biological, affective, cognitive, and social components. At least 57 definitions of empathy exist (Zurek & Scheithauer, (2017). Therefore, empathy is explained differently by different researchers, making a comprehensive explanation of empathy challenging. In order to obtain a comprehensive conceptual framework of empathy that mirrors the measure to be used for this study, the conceptual framework of empathy for this investigation will be based in the Davis (1979) Interpersonal Reactivity Index (IRI), the measure most frequently used to measure empathy. As the IRI is the gold standard for measurement in empathy research, much research has been based in the concepts the IRI measures over the past 4 decades, making it a strong base for understanding empathy.

The Conceptual Framework of Empathy

The four subscales of the IRI include: (1) the *fantasy* subscale, (2) the *perspective taking* subscale, (3) the *empathic concern* subscale, and (4) the *personal distress* subscale. (1) The fantasy subscale measures an observer's ability to identify with an imagined other, such as a character in a book or movie. (2) The perspective taking subscale measures an individual's ability to shift his/her perspective to the other, colloquially "stepping into the

shoes” of another person. (3) Empathic concern measures the warmth and kindness an individual feels toward the other while observing the other’s situation. (4) Personal distress measures the feelings of the observer as the observer sees the suffering of the other (Davis, 1979).

Considering these explanations, the construct of empathy includes the dimensions of experiencing the emotions of the other while observing the other with warmth and kindness, be the other fictional or real, comprehending the situation of the other, and experiencing one’s own unpleasant emotions associated with the other’s suffering. For the purpose of this investigation, the other will generally be considered to be in a negative emotional state because empathy is being measured with regard to bystander intervention in a bullying situation.

Types of Empathy

Most researchers agree that empathy has two basic subtypes: cognitive empathy and emotional empathy (Shamay-Tsoory, Aharon-Peretz, & Perry, 2008; Smith, A, 2006; Wagers & Kiel, 2019). Cognitive empathy, or perspective taking as it is named in the IRI, is an aspect of *theory of mind* (Decety & Jackson, 2004). Cognitive empathy occurs when the individual observes and understands the experience of another individual, but does not necessarily experience the other’s emotion (Zurek & Scheithauer, 2017). The IRI measures of cognitive empathy and fantasy are components of cognitive empathy (Batson, et al., 2009).

Emotional empathy, sometimes referred to as *affective empathy* or *emotional contagion*, occurs when the individual feels what they perceive to be the emotions of

another person (de Wall & Preston, 2017). The IRI measures of empathic concern and personal distress are related to emotional empathy (Batson, et al., 2009). While different, cognitive empathy and emotional empathy are “complementary and interrelated . . . providing the theoretical framework for the common multidimensional definition of empathy as the ability to understand and to share the emotions of others” (Zurek & Scheithauer, 2017, p. 56). The types of empathy are different, but they are inextricable in pro-social behavior in humans.

Cognitive empathy can allow a physician to perform necessary painful procedures on a patient, understanding the patient’s pain, but affording the physician the emotional distance to not actually feel the pain of the other (Smith, 2006). However, because of the lack of negative emotional state associated with cognitive empathy, it may be less predictive of bystander intervention if experienced without emotional empathy. A bully may understand that harming an individual perceived to be an easy target will cause the victim to suffer, but the bully will not suffer emotionally if only engaging in cognitive empathy. Recall that there are negative consequences to being a bully (Morcillo, et al., 2015; Sigurdson, et al., 2015), but cognitive empathy without emotional empathy may not stop aggression.

Emotional empathy is useful in developing social skills and interpersonal relationships (Smith, 2006). A predictive factor for bullying is poor social skills and fewer peer relationships (Morcillo, et al., 2015; Boulton & Smith, 1994). Emotional empathy allows an infant to develop a relationship with a parent or other caregiver, and later, it

allows a child to interact with and respond in a socially acceptable manner to peers (Smith, 2006).

Individual Differences in Empathy as an Attribute

Empathy, as an attribute, contains biological, emotional, and social components. To experience empathy, one must first be able to interpret and understand the emotions of others while separating the emotions of the other from the observer's emotions (Batson, 2007). Further, in empathy, the observer experiences the perceived emotion in response to the observed behavior of the other, whether it be smiling in response to an individual demonstrating extreme enthusiasm or shedding a tear in response to observing an individual suffering (Rankin, Kramer & Miller, 2005). Not all humans experience empathy equally; some individuals can be emotionally crippled by the suffering of others while other individuals feel virtually nothing when observing the other.

Individuals are born with biological tendencies to have a greater or lesser level of empathy. One factor is the size and connectivity of neural structures associated with the experience of empathy (Decety & Jackson, 2004). This can especially be seen in individuals with psychological disorders such as autism spectrum disorder, a disorder noted for a lack of empathy (Mul, et al., 2018). Neural connections causing empathy are more effective when more frequently activated. Neural networks can change, and the structures within the brain can change in response to the individual's environment and experiences (Bick, J., et al., 2019; Finlay, G., 2018; Greimal, et al., 2010). In other words, an individual is born with a biological level of empathy that is impacted by the environmental and social experiences of the individual. Empathy, like many social constructs, develops, even

biologically, in response to the context of an individual's life experience due to neural plasticity.

The social development of empathy begins in infancy as a child learns social cues for interaction with the caregiver (Tronick, 1989). Mutual gaze between the infant and the caregiver is crucial to the social and emotional development of the child as the child begins to observe, then understand the facial expressions of another human (O'Reilly & de Haan, 2009). This skill relates to the importance of the recognizing facial cues of the other as a part of empathy. The level of empathy experienced by children who do not receive adequate mutual gaze stimulation will most likely be lower later in life, and the individual's social functioning may be negatively impacted (O'Reilly & de Haan, 2009).

The second year of life is considered most important in empathy development as more complex emotions begin to emerge, children begin to separate themselves from the other, and parents begin to expect social responsibility from children (Wagers, & Kiel, 2019). Kim and Kochanska (2017) found that children having a secure maternal relationship predicted higher levels of empathy in the child. Conversely, children without secure parental relationships were more likely to experience lower levels of empathy, demonstrating the importance of the caregiver interaction with regard to empathy. Tully, Donohue, & Garcia (2015) found, using biometrics, child's affect, and tests, that children aged four to six responded to their mother's emotions differently, with some children demonstrating a stronger empathic response while others showed little or no empathy.

An individual's temperament and personality are also predictors of an individual's level of empathy (Wagers & Kiel, 2019). Temperament is a biological construct that

determines an individual's behavioral response to stimuli. Temperament, life experiences, and social exchanges interact to develop an individual's personality. The five-factor model of personality, also known as the big-five personality traits are ubiquitous in psychological personality research. The five factors are Extraversion, Conscientiousness, Openness, Agreeableness, and Neuroticism. Ceri Sims, Ph.D., a researcher and senior lecturer in Psychology at Buckinghamshire New University with a strong research interest in empathy and positive psychology, conducted a study of 245 adults measuring each individual's levels of the big-five personality traits, assertiveness, and empathic listening.

Sims' (2017) study found agreeableness to be the strongest predictor of empathy within the big-five personality traits. This makes sense as agreeableness is strongly correlated with positive interpersonal reactions. A higher level of empathy is related to a higher extraversion score, but when high extraversion is paired with a low level of agreeableness, it does not predict empathy, instead it predicts narcissism. Therefore, extraversion alone is not a strong predictor of empathy (Sims 2017). Openness and conscientiousness are both predictive of empathy, but weaker in prediction than agreeableness (del Barrio, Aluja, & Garcia, 2004; Sims, 2017). Neuroticism, according to Sims (2017), is not a predictor of empathy. However, Song & Shi (2017) found that neuroticism is correlated moderately to perspective taking and had a strong correlation to personal distress.

It should be noted that Song & Shi (2017) had Chinese medical students as study participants while Sims (2017) measured the responses of English adults recruited from staff and students in a southern English university and others recruited online through

social media. The cultural, language, developmental level, and employment status may all have an impact on how empathy and neuroticism interact.

Motivation for Empathic Intervention

The previous research discussed many facets of empathy, but even people who have strong empathic tendencies may or may not experience empathy in certain situations. Even if the observer feels empathy, the individual still may not act upon the emotion. Batson and colleagues have made the argument for many years that empathy is an altruistic activity in the framework of the empathy-altruism hypothesis. However, the idea that the impetus for empathy is purely altruistic has received criticism from other researchers (Batson, et al., 1989; Cialdini, et al., 1987). Specifically, Cialdini and colleagues (1987) state that individuals who experience empathy only act to help another to ameliorate the individual's own emotional stress. They posit that the individual is saddened by the suffering of another (personal distress in the IRI), and this is the underlying impetus causing an individual to intervene to aid another. This theory is called negative state relief.

Batson and colleagues (1989) responded with new experiments that showed more support for the empathy-altruism hypothesis. 40 college students were randomly selected to be in the neutral mood group or the sad mood group. The participants were primed with sad videos or emotionally neutral videos. The participants were then brought into a room with a confederate, and the investigator discussed with the confederate that shocks would be administered during a procedure. The confederate stated that s/he (same sex as the participant) had experienced electric shocks before and was afraid, but believed in the importance of the study and would continue. The investigator waited a moment, then

suggested that the participant could take the place of the confederate and be shocked instead. Participants in both groups perceived the need of the confederate and 70% of participants were willing to take the place of the confederate. The researchers argue that this provides evidence against negative state relief. No matter the mood of the participant, the same number of participants demonstrated empathic concern for and a willingness to help the confederate (Batson, et al., 1989).

In later years, Batson and colleagues (1995 & 2007) found important factors, outside of egoism, that determine an individual's likelihood to intervene empathically. To experience emotional empathy, one must first be able to interpret and understand the emotions of others and then be responsive to those emotions. An individual experiencing true emotional empathy must also be able to separate his or her own emotions from the emotions of the observed individual. In addition, the expression of an inclination to aid the observed individual in the current situation is a necessary component of empathy, according to Batson (Rankin, Kramer & Miller, 2005).

According to Fischer and colleagues (2006), when the victim is in a very dangerous situation, empathic arousal partially explains the motivation of a bystander to intervene. There is an emotional cost experienced by the bystander who does not intervene. Because empathic arousal occurs when observing an individual in danger, the bystander is more likely to help the victim without considering the consequences (Fischer, et al., 2011). Therefore, individuals with higher levels of empathy will likely experience higher levels of empathic arousal and are more likely to engage in helping behavior.

Fultz and colleagues (1986) posit that an observer is more likely to intervene if the observer feels empathy toward the other. Fultz and colleagues (1986) further state that the likelihood of bystander intervention based upon empathy is impacted by the following factors: different experience with the particular situation, different perception of the situation, different relationship to the person in need, or trans-situational dispositional differences in emotionality or ability to experience empathic concern in the situation (Fultz and colleagues, 1986). This is corroborated by Fischer and colleagues' (2011) work. Bystanders were more likely to intervene when the victim was not a complete stranger. Even being introduced once to the victim increased the likelihood of helping (Fischer, et al., 2011).

Batson and colleagues (1995) conducted a study of 20 female college students; 10 students were shown a profile of a student very similar to the student while the other 10 students saw a profile of a dissimilar student. Participants in the condition with the similar other were statistically significantly more likely to empathize with and value the welfare of the other than subjects with a dissimilar other. However, levels of empathy dropped in both conditions when the other was not perceived to be in need; therefore, valuing the other does not impact the likelihood of intervening when no need is perceived (Batson, et al., 1995). On the other hand, when the other is perceived to be in danger, empathic arousal increases, increasing the likelihood of intervening (Fischer, et al., 2011).

In sum, two major components must be present for empathy to impact bystander intervention. The observer must value the other, which is related to the third step of Latané and Darley's (1970) model of bystander intervention: accepting the responsibility to

intervene. The second major component is perceived need. This relates to the second step of Latanè and Darley's (1970) model of bystander intervention: interpreting the event as an emergency.

MORAL COURAGE

Courage is a social construct that can be traced back to the writings of such philosophers as Socrates, Aristotle, and Plato, and the construct likely existed centuries if not millennia before those writings were produced. Most people in modern society, across cultures, have a personal understanding of the meaning of courage, but a conceptual framework for the social sciences has proved a more challenging endeavor. Despite the pervasiveness of courage in human society, science has only recently begun to seek an empirical conceptualization of courage for research.

Rate (2010), a pioneer in developing a conceptual framework for courage conducted a thorough review of the literature seeking explanations of courage, then used emergent coding to find the major features of courage. Seven major dimensions of courage arose from the process, with the frequency of each dimension's appearance in the literature in parentheses, including: external circumstance (77.6 %), cognitive processes (38.8 %), motivation toward excellence (44.9 %), affect/emotion (51.0 %), volition (28.6 %), behavioral responses (85.7 %), and characteristic/trait/skills/abilities (55.1 %) (Rate, 2010). The research provides evidence that there are several types of courage that encompass the aforementioned dimensions, including but not limited to: physical courage, psychological courage, general courage, personal courage, and moral courage (Pury,

Kowalski, & Spearman, 2007; Rate, 2010). While all types of courage are important, this dissertation seeks to investigate moral courage.

A Conceptual Framework for Moral Courage

Moral courage is related to an individual's personal values and core beliefs and the individual's willingness to act in accordance with those beliefs. According to White (2015), moral courage requires identifying goals and motivations while considering the risks involved in acting, demonstrating a commitment to core principles and values, and using skills to change a situation. Most researchers conceptualize moral courage as a prosocial behavior. What sets moral courage apart from other forms of prosocial behavior is the high cost and low reward for the actor (Osswald, et al., 2010; Putman, 1997).

Greitemeyer and colleagues (2006) conducted a study in which participants were given two vignettes. Both vignettes described an individual acting prosocially, but one vignette had low expected negative consequences to the actor while the other vignette had high expected negative consequences to the actor. Participants were asked to evaluate the scenario determining if it demonstrated helping behavior, social responsibility, or civil courage. Higher risk prosocial behavior was labeled more frequently as civil courage (Greitemeyer, et al., 2006) indicating that risk is inherent to moral courage.

As moral courage is nascent in research, White (2015) conducted an exploratory and qualitative study to create a conceptual framework for moral courage. According to her research, an individual must first be motivated to engage in moral courage. The motivation is based in moral commitment, compassion, and a willingness to act. Second, the individual must demonstrate moral courage by acting on moral principles while recognizing risk and

enduring hardship (White, 2015). An individual engaging in moral courage is often acting to protect a vulnerable population or individual (e.g. ethnic minorities, women, foreigners) from an imbalance of power. This relationship to an imbalance of power connects to the first of Olweus' (1993) components necessary for bullying. An individual with a high level of moral courage is more likely to intervene in a bullying situation than individuals with low levels of moral courage (Baumert, Halmburger, & Schmitt, 2013).

Baumert (2013) and colleagues connect moral courage directly to Latané and Darley's (1970) theory of bystander intervention, stating that for helping behavior to occur, the observer must follow the 5 steps of the bystander intervention theory. Moral courage is a specific dimension of helping behavior, though because of the inherent risk involved in acting. Baumert and colleagues (2013) state that norm violation is also a component of moral courage. This indicates that moral courage differs across cultures based upon social norms.

Sekerka and Bogozzi (2007) created a theory on moral courage based in a study of behavior in the workplace. The researchers found that observing immoral behavior and feeling the need to stop the behavior was not enough to cause an individual to act. The perceived need for action needs to be combined with moral courage for an individual to intervene (Sekerka & Bogozzi, 2007). Another study found that 3rd through 6th graders engage in a cost-benefit analysis as the last step before defending a bullied victim (Pouwles, Noorden, & Caravita, 2019). This analysis considers the risk of engaging in bystander intervention and also what can be gained from this interaction. In defending a bullied child, a fellow child has little to gain and more to lose. Therefore, risk is a necessary component

of defending a bullied victim. Because moral courage involves risk, these studies demonstrate that moral courage is related to bystander intervention (Pouwles, Noorden, & Caravita, 2019; Osswald, et al., 2010; Putman, 1997).

White (2015) states that the impetus to engage in moral courage is based in two main dimensions: political sources and psychological, social, and knowledge-based sources. The facets of political sources include world opinion, political events and changes, and level of danger (White, 2015). Therefore, the social and political landscape can impact an observer's likelihood of intervening because of social norms and political climate. For example, an individual in an area of currently war-torn Yemen would potentially face more danger for intervening in observed harassment or bullying of the other than an individual in the United States. In addition, the culture of an area impacts the likelihood of exhibiting moral courage because the cost of intervening when the other is being harmed may increase dramatically based upon the values of that culture. An example of this could be rape culture on a college campus. If the climate of the campus is more open to sexual assault, the cost for interfering could be greater. In addition, if sexual assault is a norm on a particular campus, an observer would be less inclined to intervene because the sexual assault does not violate social norms (Baumert, Halmburger, & Schmitt, 2013).

Individual Differences in Moral Courage

White's (2015) research indicates there are 3 dimensions of individual differences in moral courage: psychological sources, social sources, and knowledge-based sources. Psychological sources include optimism, tolerance for uncertainty, and risk taking. Higher levels of optimism are related to higher levels of moral courage. One subject in White's

(2015) study stated with regard to Burmese refugees in Thailand, “People on the border get on with it, they make the most of what they’ve got, so we make the most of what we’ve got.... When we visit the camps, we see that the refugees are still teaching. The situation is not static; there is hope” (White, 2015, p.10). A tolerance for uncertainty is also related to individual levels of moral courage. When an observer chooses to intervene on behalf of the other, there is uncertainty regarding what the consequence will be. Risk taking is an inherent component of moral courage, and White (2015) posits that high levels of risk can hinder an individual from exhibiting moral courage. Individuals with a high tolerance for risk taking are more likely to risk the negative consequences associated with exhibiting moral courage (White, 2015).

Social sources of moral courage include role models and family involvement. In White’s (2015) study, several subjects stated that their impetus for moral courage was observing the behavior of Nelson Mandela or Mahatma Gandhi. For citizens in the United States, Rosa Parks, Dr. Martin Luther King, Jr., and other prominent figures who suffered because they showed moral courage when their personal norms were violated can be role models. I believe this may be related to the 3rd step of Latané and Darley’s (1970) model of bystander intervention. If one person sees another person exhibiting moral courage, the observer will be more inclined to also demonstrate moral courage. I posit that when a bystander observes another individual intervening despite consequences, that observer will be more likely to intervene as well.

In addition, family involvement can influence the individual’s likelihood of exhibiting moral courage. One participant in White’s (2015) study stated that her father

encouraged her, as a child, to confront a teacher who had given an incorrect answer in class. The experience of facing her fear of breaking the social norm and challenging an authority figure with the support of her father caused the girl to exhibit more moral courage, and today she is an activist for democracy in Myanmar (White, 2015).

Knowledge-based sources of moral courage include experiential knowledge and training/education (White, 2015). Experiential knowledge is gained through experience, which impacts how an individual perceives the world around them. One subject explained his motivation to continue exhibiting moral courage with the possibility of prison or torture through his experience of 7 years in prison for fighting for his values. He expressed a desire to continue engaging in moral courage by helping other political prisoners (White, 2015). Finally, training and education can impact an individual's ability to exhibit moral courage. An individual must have skills to properly intervene and must possess knowledge to understand the observed situation. In addition, education can provide self-efficacy, which leads to higher levels of moral courage (White, 2015).

Dispositional traits are also related to levels of moral courage. Justice sensitivity is positively related to moral courage while moral disengagement is negatively related to moral courage (Baumert, Halmburger, & Schmitt, 2013). Self-efficacy and self-esteem are also positively related to moral courage. According to Sonnentag and Barnett (2016), “. . . possessing relatively high self-esteem and relatively low need to belong may provide adolescents with a relatively strong moral identity the will to engage in positive, moral behaviors and avoid engaging in negative, immoral behaviors when confronted with social pressures to do otherwise” (p. 281). Empathy is another dispositional attribute that predicts

moral courage. In a study conducted by Labuhn and colleagues (2004), vignettes were used, and empathy was found to enhance moral courage. However, when behavior was observed and not imagined, dispositional empathy only predicted helping behavior, not moral courage (Baumert, Halmburger, & Schmitt, 2013).

Conflicting Research on Moral Courage

Heretofore, the literature discussed has presented moral courage as a prosocial behavior, but not all researchers agree. Press (2018) posits that moral courage is not always prosocial, citing the example of individuals with strong religious convictions picketing or blocking entrance to abortion clinics. As moral courage is based in the morality of the individual, and individual morality differs, moral courage is not always in the best interest of all individuals. The individuals picketing the abortion clinics value the life of the fetus more highly than the pregnant woman's choice to continue her pregnancy. This is supported by the previously discussed study by Franklin and colleagues (2017) in which individuals who supported violence against women were not willing to intervene when observing a woman being assaulted.

Press describes moral courage as a social activity with four distinct dimensions: “(1) it is animated by a strong set of personal convictions; (2) it transgresses established customs or attitudes; (3) it is carried out in the face of high social risk or cost; (4) it is normally-driven conduct in which certain norms are accepted as *binding* even as other norms are flouted and ignored” (Press, 2018, p. 181). As the conceptual framework of moral courage is nascent, researchers cannot yet definitively state that moral courage is always prosocial. Press' (2018) example could be considered prosocial because the

individuals picketing the abortion clinic are exhibiting moral courage on behalf of the unborn child. However, when considering that this study examines moral courage from the perspective of bystander intervention in response to bullying, we will assume that moral courage is prosocial in nature for this paper.

Another aspect of debate with regard to moral courage is fear. Putman (1997) states that an individual engaging in moral courage does not experience fear. Shelp (1984) states that “A basic element of courageous conduct is free choice on the part of an agent that counteracts the emotion of fear” (p. 354). These differing perspectives beg the question: Is fear necessary for courage to be present? Woodard and Pury (2007) discuss several researchers’ perceptions of fear with regard to courage, and they created a definition from the research. “Courage is the voluntary willingness to act, with or without varying levels of fear, in response to a threat to achieve an important, perhaps moral, outcome or goal” (p. 136). Therefore, fear may or may not be present when an individual is engaging in morally courageous behavior as long as the individual is responding to a threat.

While the construct of moral courage is relatively new and the body of literature is still sparse, researchers are relatively certain about some dimensions of moral courage. First, moral courage occurs when an individual’s personal belief system or social norms are violated (Baumert, Halmburger, & Schmitt, 2013; Press, 2018). In addition, moral courage requires that the individual act outside of social norms (Baumert, Halmburger, & Schmitt, 2013). Moral courage requires a component of risk that must be compared against the individual’s values before the individual will act (Greitemeyer, et al., 2006; Osswald et al., 2010; Putman, 1997). Empathy and moral courage are related, but the relation between

the two is not yet fully understood (Baumert, Halmburger, & Schmitt, 2013). Finally, myriad internal and external factors impact an individual's level of moral courage (Baumert, Halmburger, & Schmitt, 2013; White, 2015). This study endeavors to add to the body of research on moral courage, especially related to empathy and bystander intervention.

IMPACT OF BYSTANDER INTERVENTION ON BULLYING, EMPATHY, AND MORAL COURAGE

Robert Thornberg, Ph.D. is a professor of education whose main research focus is bullying intervention. Thornberg, Landgren, and Wiman (2018) conducted a qualitative study on how middle school students interpret bullying behavior and bystander intervention. Their research revealed an interesting conceptual framework explaining why individuals choose to intervene or not when observing a victim being bullied. Intervention was based on the “(a) seriousness of the situation, including trivialization; (b) social relationships with the involved; (c) locus of responsibility, including displacement of responsibility, and victim blame; (d) social status; (e) perception of risk; and (f) defender self-efficacy” (p. 403). Three components of the conceptual framework are related to three components of the bystander intervention model (Latanè and Darley, 1970). Other components are related to empathy and moral courage.

The first component, the seriousness of the situation, aligns with the second step of bystander intervention which is determining if the situation is an emergency (Latanè and Darley, 1970). The locus of responsibility aligns with the third step of bystander intervention which is accepting responsibility to intervene (Latanè and Darley, 1970). The

social relationships with the involved impacts the first and third steps of bystander intervention (Latanè and Darley, 1970). An observer is more likely to notice bullying if it is happening to someone with whom they share a close relationship, and the observer is more likely to intervene if they value the individual.

The component of social relationship is also related to empathy as an individual will experience higher levels of empathy based upon his/her value of the other (Batson, 2007). Social status is an important consideration, and something that can be lost with minimal gain for intervention, which relates to moral courage (Osswald, et al., 2010). According to Press' (2018) conceptual framework of moral courage, perception of risk is related to the third requirement of moral courage, that the act must be carried out at great risk. The final component, defender self-efficacy, relates to the fourth step of Latanè and Darley's (1970) theory: deciding how to intervene. An observer will more likely intervene if the individual has self-efficacy in coping with the type of observed aggression.

In sum, this conceptual model demonstrates how moral courage, empathy, and bystander intervention are perceived in relation to bullying behavior. Self-efficacy, a construct similar in nature to self-esteem, is also included. Because of the interrelatedness of these constructs, I believe they will provide an adequate model to examine bullying and ways to minimize the damage it causes to college students.

Chapter Three: Research Question and Methods

While bullying is frequently studied in school-aged children, there is very little research on bullying among college students. Yet, on average, 20 to 25% of college students report being bullied by peers, and 20% of college students admit to bullying peers (Lund & Ross, 2017). In addition, while there is a strong body of knowledge on empathy, there is a dearth of information on the relation between empathy and bystander intervention in college students. Moral courage also has been overlooked in the literature until recently (Woodard & Pury, 2007). As bullying has long term effects on the well-being of individuals throughout lifetime, finding new ways to stop bullying is an important area of study. Bystander intervention has demonstrated an impact on the frequency and intensity of bullying activity. Environments in which bystanders support the aggressor have more incidents of bullying. Conversely, environments in which bystanders defend those being bullied have fewer incidents of bullying (Thornberg, et al., 2012).

Before proposing this study, it is important to state that the intention to engage in a behavior does not always correlate with engaging in the behavior (Ajzen, 1991). Ajzen's (1991) *theory of planned behavior* explains this distinction. Although an individual's motivation to engage in a behavior is strong, environmental circumstances, control over the behavior, and societal norms are important considerations (Ajzen, 1991). In the case of bystander intervention, a study participant may truly believe they would intervene if they saw an incidence of bullying. However, because bystander intervention is a high risk-low reward situation, the presence of peers, fear of potential consequences, and other factors make intention insufficient to predict behavior. It is beyond the scope of this study to

measure the action of engaging in bystander intervention. This study only measured the participant's intention to engage in bystander intervention. Therefore, when a participant reported that they would engage in bystander intervention in this study, it should be understood that this response only applies to the intention of the responder to intervene. This study does not explain the likelihood of actually engaging in bystander intervention. Consequently, in this dissertation, the term "likelihood" always refers to the intended or perceived likelihood of intervening, and not to the actual likelihood of intervening.

In considering the aforementioned information, I developed the following research questions to better understand the relations between these variables and how they impact college students.

Research Question 1

What is the relation between college students' levels of empathy and the likelihood that college students will engage in bystander intervention when observing a peer being bullied?

Hypothesis 1: College students' empathy will be positively correlated with the likelihood that college students will intervene. Batson's empathy-altruism hypothesis states that empathy motivates an individual to aid another altruistically (Batson, et al., 1989). Cialdini and colleagues' (1987) negative-state relief theory also supports the theory that empathy motivates an individual to engage in helping behavior, although the reason for the helping behavior is considered egoistic. Regardless of motive, both theories provide support for the hypothesis that college students with higher levels of empathy are more

likely to engage in helping behavior. Linear regression was used to evaluate this hypothesis.

Research Question 2

What is the relation between college students' levels of moral courage and likelihood that they will engage in bystander intervention when observing a peer being bullied?

Hypothesis 2: College students' levels of moral courage will correlate positively with the reported likelihood that college students will intervene. According to Baumert, Halmburg, and Schmitt (2013), an individual engages in moral courage when a norm is violated. Bullying is a violation of social norms, for most people, and intervening on behalf of a bullied victim could have a social or physical consequence. Shelp (1984) states that observers of norm violation with high levels of moral courage are more likely to intervene, even when facing negative consequences due to the observer's values. Linear regression was used to evaluate this hypothesis.

Research Question 3

What are the combined main effects of empathy and moral courage on the likelihood that students will engage in bystander intervention when observing a peer being bullied?

Hypothesis 3: College students with high levels of both empathy and moral courage will be more likely than observers with high levels of only empathy or only moral courage to intervene when observing another individual being bullied (Batson, et al., 1989; Shelp, 1984). College students with high levels of moral courage will be more likely than individuals with high levels of empathy to intervene when observing an individual being bullied. Labuhn and colleagues (2004) conducted a study which demonstrated that

individuals with high levels of empathy reported being more likely to intervene when observing an individual being harmed. However, in the Baumert, Halmburger, & Schmitt (2013) study, when faced with the task of physically intervening while observing a victim, empathy was not predictive of intervention.

Baumert, Halmburger, and Schmitt (2013) state that “Moral courage is characterized as bystander intervention against the norm violations of a perpetrator despite the potential for negative consequences on oneself” (p. 1053). Although moral courage is a new construct, Baumert, Halmburger, and Schmitt (2013) based their conceptual framework of moral courage in Latané and Darley’s (1970) model of bystander intervention. Because of these studies, I hypothesize that moral courage will better explain bystander intervention than empathy, but both will be positively related to bystander intervention. I have found no studies measuring the impact of both empathy and moral courage on bystander intervention, and research on moral courage is still limited. This study will add to the body of knowledge by showing evidence that one IV, likely moral courage, is more strongly related to the DV. Simultaneous multiple regression was used to evaluate this hypothesis.

Research Question 4

Is there an interaction effect between empathy and moral courage in predicting bystander intervention?

Hypothesis 4: The relation between moral courage and bystander intervention is moderated by empathy. Among college students with high levels of moral courage, those with high levels of empathy will be more likely to intervene when observing a peer being bullied than will those with low levels of empathy. Labuhn and colleagues’ (2004) study

proposed that empathy enhances moral courage, providing support that empathy may have a multiplicative effect on the relation between moral courage and bystander intervention. To test this hypothesis, I conducted a moderation analysis.

Research Question 5

How does self-esteem impact levels of moral courage?

Hypothesis 5: The body of knowledge on moral courage is small, but there is evidence that higher self-esteem is related to higher levels of moral courage (Sonnentag & Barnett, 2016). Dimensions of moral courage are less likely to be present in college students with low self-esteem. High self-esteem is considered a component of moral courage (Sonnentag & Barnett, 2016). I posit that self-esteem will positively correlate with moral courage. I evaluated this hypothesis using SEM.

Research Question 6

How does being bullied impact the relations between moral courage, empathy, self-esteem, and bystander intervention?

Hypothesis 6A: Being a bullied victim will decrease self-esteem, which will likely decrease the likelihood of engaging in bystander intervention. A strong body of knowledge demonstrates that self-esteem decreases when people are bullied (Rigby, 2003). On the other hand, the small body of knowledge on the relation between self-esteem and bystander intervention is equivocal (Evans & Smokowski, 2015). Some research presents evidence that higher levels of self-esteem predict higher likelihood of engaging in bystander intervention (Salmivalli, Kaistaniemi, & Lagerspetz, 1999; Tsang, Hui, & Law, 2011). However, other research provides evidence that individuals with high levels of self-esteem

are less likely to engage in bystander intervention (Kabert, 2010), indicating that bullied victims may be more likely to intervene. Evans and Smokowski (2015) found that individuals with low levels of self-esteem were more likely to engage in bystander intervention. It is apparent from the different results among the studies that more research is needed to add clarity to this body of knowledge.

Because of these factors, I posit that being a bullied victim will change the likelihood that participants will engage in bystander intervention and that bullied college students will be less likely to intervene than non-bullied college students. However, since there is a small body of knowledge, and there is one study that supports that a lower level of self-esteem increases the likelihood of bystander intervention (Evans & Smokowski, 2015), it is possible that lower self-esteem may be related to a higher likelihood of bystander intervention. SEM was used to evaluate this hypothesis.

Hypothesis 6B: Bullied college students will have higher empathy than non-bullied college students. In a recent study by Acosta and colleagues (2019), students with higher levels of empathy were more likely to have been bullied. This idea is also somewhat supported by Olweus (1993) who states that bullied individuals are more likely to be sensitive and dislike physical aggression. Although these factors are not empathy, they are related to dimensions of empathic concern and personal distress (Davis, 1979). SEM was used to evaluate this hypothesis.

Hypothesis 6C: Levels of moral courage will be lower in the bullied victim group than in the non-bullied group. Some effects of bullying include anxiety, depression (Singham, et al., 2017), low self-esteem (Rigby, 2003), poor social adjustment, and higher

levels of loneliness (Sigurdson, Wallander, & Sund, 2014). Because of these factors, bullied college students are less likely to have the self-esteem (Sonnetag & Barnett, 2016), optimism, and willingness to take risks (White, 2015) that are related to high levels of moral courage. This hypothesis was evaluated by SEM.

METHODS

Participants

Study participants included 733 undergraduate students from the University of Texas at Austin. Participants were recruited from the Educational Psychology Department (EDP) Subject Pool. Participants in this study received partial fulfillment of a course requirement. Participants who did not wish to participate in a study had an alternate method of meeting the course requirement, making participation voluntary.

Females comprised 55.3% of the sample, and individuals who identified as other comprised .7% of the sample ($n = 730$). The mean age of participants was 20.79 with a standard deviation 2.75 and a range of 18 - 52. The mean reported GPA was 3.493. Of 733 participants, 672 participants responded to the GPA item. Participants involved in a sorority or fraternity comprised 30.2% of the sample. Participants involved in a large, campus-based group comprised 34.9% of the sample. Of the 732 participants who reported on sexual orientation, 86.8% identified as heterosexual, 3.7% identified as Gay or Lesbian, 6.5% identified as bisexual, 2.5% identified as questioning, and .4% identified as other. European Americans comprised the largest ethnic group in the sample, and Native-Americans were not represented in the sample (See Table 1).

Table 1

Frequency of Participant Ethnicities (n = 733)

Ethnicity	Frequency
African-American/Black	42
Hispanic-American/Latino	156
Native American	0
Asian-American	163
Caucasian/European American	302
Middle Eastern/Arab American	10
Multiracial	39
Other	18

Procedure

Participants were directed to an online Qualtrics survey on the Educational Psychology Subject Pool website. Each participant was presented with basic information on the current study and an online consent form. Students who consented to be part of the study were directed via the website to a series of measures. Students who chose not to consent were directed back to a list of other studies in which the student could participate. Participants who chose to participate in this study were informed that if they felt uncomfortable answering a question, the participant was free to skip a question or quit the study at any time. Participants were given a 1-hour credit for participation in this study.

Measures

Demographics. Participants responded to a series of items in Qualtrics requesting their class standing, international status, age, ethnicity, gender, socioeconomic status, parental education levels, parental incomes and occupations, sexual orientation, location of residence, and relationship status, organization membership, and sorority/fraternity membership. This form was the last block of the questionnaire. See Appendix H for all items.

Bullied Victim Measure. To measure bullying experience and observation, I adapted items from the CDC compendium on bullying (Hamberger, Basile, & Vivolo, 2011) to make them specific to college students. The wording is the same in both measures, but the *bullied victim experience* scale measures the participant's experience of having been bullied, whereas the *bullied victim observation* scale measures instances in which the participant observed someone else being bullied. In each measure, participants responded to an 8-point Likert scale of the frequency of bullying incidents from 1 (never) to 8 (daily). Each scale contains 22 items.

Sample items include "A fellow college student started a malicious rumor about me" (experience); "A college student started a malicious rumor about another college student" (observation); "A college student told another me my life was meaningless or pointless" (experience); "A college student told another college student's his/her life was meaningless or pointless (observation)". The Cronbach's alphas of the scales in the current study are .90 for the bullied victim experience scale and .91 for the bullied victim observation scale. See Appendix A for all items.

To further measure bullying in college, I included one item asking if the participant believed s/he had been bullied while in college. I also included an open-ended item for participants to describe personal experiences of bullying in college.

Bystander Intervention Measure. I was unable to find an existing measure of the perceived likelihood of engaging in bystander intervention. Therefore, I used the extant body of knowledge on bystander intervention and ideas from the bystander intervention program at The University of Texas at Austin to generate 20 items for this scale (See Appendix B). Participants responded to each item using a 5-point Likert scale 1 (Very Unlikely) to 5 (Very Likely.)

The scale contains two main subscales: *indirect bystander intervention* and *direct bystander intervention* with 10 items per scale. Sample items from the indirect bystander intervention scale are “You hear that a relative, whom you like, has sexually abused his son. How likely are you to call the police, dial 911, call Child Protective Services, or some other authority figure to protect the child?” and “A young woman walking alone on campus is assaulted by two violent men about a block away from you. How likely are you to call campus police, 911, or another source of help for the woman?” Sample items from the direct bystander intervention scale are “You hear that a relative, whom you like, has sexually abused his son. How likely are you to directly confront your relative about sexually abusing his son?” and “A young woman walking alone on campus is assaulted by two violent men about a block away from you. How likely are you to directly confront the two violent men?” The Cronbach’s alphas of these scales in the current study are .81 for the indirect bystander intervention scale and .83 for the direct bystander intervention scale.

Interpersonal Reactivity Index. The Interpersonal Reactivity Index (IRI) was created by Davis (1979) to assess levels of empathy (See Appendix C). It contains four subscales of empathy: (1) Fantasy (7 items, $\alpha = .72$), (2) Perspective Taking, (7 items, $\alpha = .78$), Empathic Concern, (7 items, $\alpha = .79$), and (4) Personal Distress ($n = 7$, $\alpha = .79$). In the original study by Davis (1979), Cronbach's alphas ranged from ($\alpha = .70$) to ($\alpha = .78$).

Participants responded to the items using a 5-point Likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree). Some sample items from the IRI include "I really get involved with the feelings of a character in a novel" and "I try to look at everybody's side of a disagreement before I make a decision" (Davis, 1979).

Moral Courage Measures. As moral courage is nascent in the literature, I was unable to find a measure specifically for that construct. I adapted some items from Woodard and Pury's courage scale (2007) and The Zivilcourage measure of Kastenmueller, A., et al. (2007) to create two measures: (1) moral courage questionnaire and (2) moral courage vignettes (See Appendix D).

In the moral courage questionnaire, participants responded to 23 items on a 5-point Likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree). Sample items are "I am able to participate in intense conflict in a work environment for the right cause" and "I could do without the absolute necessities of life if there were others in greater need." Cronbach's alpha for this measure is .78.

In the moral courage vignettes measure, participants read four brief passages describing situations college students may encounter that included a moral dilemma. Participants reported their perceived likelihood of engaging in moral courage on a 5-point

Likert scale from 1 (Very Unlikely) to 5 (Very Likely). A sample vignette is “In a local bar, four drunk and aggressive men are loudly discussing a sexual assault one of the men committed against a woman. The men are stating that the woman should not have been dressed that way if she didn’t want to be assaulted. How likely are you to confront the men or report them to a police officer/bouncer/bartender or another authority figure?” Cronbach’s alpha for this measure is .65.

Rosenberg Self-Esteem Scale. I used the Rosenberg self-esteem scale (RSES) to measure self-esteem (See Appendix E). Rosenberg created this Guttman scale to measure global self-esteem (Rosenberg, 1965). Participants responded to 10 items using a 5-point Likert scale from 1 (applies not at all) to 5 (applies completely). Some sample items from the RSES are “I feel that I have a number of good qualities” and “I wish I could have more respect for myself.” The Rosenberg self-esteem scale had a Cronbach’s alpha of .79 in previous research (Hyland, et al., 2014) and has a Cronbach’s alpha of .89 in the current study.

Paulhas Social Desirability Scale. The Palhaus Social Desirability Scale Balanced Inventory of Desirable Responding (BIDR) shortened form measures the two main dimensions of social desirability: (1) self-deceptive enhancement and (2) impression management (Bobbio & Manganelli, 2011). Participants responded to 16 items on a 7-point Likert scale from 1 (Not true) to 7 (Very true). (See Appendix F). Some sample items from the Palhaus shortened form are “I have not always been honest with myself” and “I sometimes tell lies if I have to.” This shortened version of the Palhaus Social Desirability

scale maintains the internal reliability of the full Paulhus ($\alpha = .83$) in previous research and has an internal reliability of ($\alpha = .74$) in the current study.

History of Bullying. The history of bullying scale measures two subscales of bullying: (1) bullied victim experience, and (2) bullied victim observation. The items captured the participants' perceived frequency of bullying experiences in grades K-12 (See Appendix G). Sample items include "I was physically harmed at school in middle school," "I was socially excluded or humiliated at school in high school," and "I observed another student being physically, verbally, socially, or cyber-bullied in elementary school." Participants responded to 22 items in each subscale using an 8-point Likert scale from 1 (Never) to 8 (Daily). The internal reliability of the bullied victim experience subscale was ($\alpha = .90$). The internal reliability of the bullied victim observation subscale was ($\alpha = .92$).

PRELIMINARY ANALYSIS

Data Cleaning

The initial sample included 847 participant responses. Before the analyses, I used the following procedure to clean the data. First, data were examined for missing responses. From the initial 847 responses, 79 were removed because the participant responded only to the consent. The next step in cleaning the data was to look for mostly incomplete responses. Of the 768 remaining participants, 10 were removed for mostly incomplete responses. Some participants responded only to the first block of items. Others stopped responding at seemingly random places in the survey. The rationale for removing these participants was that even though partial responses can be useful, leaving an entire scale blank did not provide information on the participant's attitudes on all the constructs within

the study. This would have prevented the researcher to examine relations between variables.

The next step in cleaning the data was checking student identification numbers for duplicates. Of the 758 remaining participants, 25 were duplicate student identification numbers. Each set of duplicate cases was examined and only the chronologically first set of responses was kept. The rationale for this was the first set of responses was more authentic than the second set because the participant did not have prior exposure to the measures when completing the survey the first time. This left 733 responses in the study.

Descriptive Statistics

First, I computed frequencies for all categorical variables (gender, ethnicity, SES, disability status). Then, I computed and analyzed means, standard deviations, and zero-order correlations for all variables of interest.

Reliability

I obtained a Cronbach's alpha on each measure to determine reliability.

Assumption Check

For multiple regressions, there are 4 assumptions: (1) Independence, (2) Normality, (3) Linearity, and (4) Homoscedasticity. The assumption of independence was not violated because my sample included undergraduate students taking a variety of classes who chose my study from a list of several possible studies.

All scales were checked for normality through skewness and kurtosis. An absolute value of above 3 for skewness and above 8 for kurtosis would indicate a non-normal distribution (Kline, 2011). Only the bullied victim experience measure did not meet the

criteria for normality (skewness = 3.063; kurtosis = 12.253). Homoscedasticity and linearity were checked using scatter plots with regression lines. All variables met the assumption of linearity. However, the scales measuring bullied victim experience and bullying observation had homoscedasticity.

Bullied victim experience measures had stronger homoscedasticity than bullied victim observation measures. Many more participants reported not being bullied compared with the number participants that reported bullied victim experience. It is therefore expected that a normal spread of data will not be achieved for bullying experience. Bullying observation measures had some homoscedasticity, but it was not as strong as that in bullying experience measures. Due to the nature and frequency of bullying, it is likely not normally distributed or heteroscedastic.

Power

According to G*Power 3.1 for Macs, for a linear multiple regression with an effect size of 0.15, an alpha of 0.05, power of 0.8, and 4 predictors, a sample size of 85 would have been adequate. Structural equation modeling (SEM) texts suggest that 200 participants are adequate to run a proper analysis (Kline, 2012). I originally intended to split participants into three groups (1) participants with no or low-frequency bullied victim experience, (2) participants with moderate-frequency bullied victim experience, and (3) participants with high-frequency bullied victim experience. I wanted to compare the relations of the variables in my conceptual model in the no or low-frequency bullied group with the high-frequency bullied victim group. Consequently, this study required at least 600 participants according to Kline (2012). My study includes 733 participants.

ANALYSES

Linear Regression

Linear regression allows a researcher to regress one dependent variable (DV) onto one independent variable (IV). It also provides a correlation between the DV and IV as well as an R^2 to determine the variance in the DV explained by the IV. As regression subsumes ANOVAs, a researcher can look at an ANOVA table to determine if the regression is statistically significant. The Sum of Squares in the Regression row in SPSS is the variation in the DV explained by the IV. The Sum of Squares in the Residual row is the variation in the DV not explained by the IV (Keith, 2005). The equations are as follows where Y' is the DV Bystander Intervention, a is the regression constant, β_1 is the regression coefficient of the regression line, and e is the error term:

$$Y' = a + \beta_1 (\text{moral courage}) + e$$

$$Y' = a + \beta_1 (\text{empathy}) + e$$

$$Y' = a + \beta_1 (\text{self-esteem}) + e$$

I used SPSS to regress bystander intervention on moral courage, empathy, and self-esteem individually. I examined the p -values and regression coefficients to determine which constructs explain bystander intervention.

Hierarchical Regression

Sequential, or hierarchical, regression gives the researcher the ability to control for another variable by adding variables in blocks to the regression. I correlated social desirability with all variables of interest. When a significant correlation was found, I controlled for social desirability in those regressions using SPSS.

Simultaneous Multiple Regression

This method allowed bystander intervention to be regressed on moral courage and empathy simultaneously so that both independent variables are treated equally. Simultaneous multiple regression examined the additive effects of empathy and moral courage on bystander intervention. The equation for this is where Y' is bystander intervention, a is the regression constant, the two IVs are moral courage and empathy, and e is the error term.

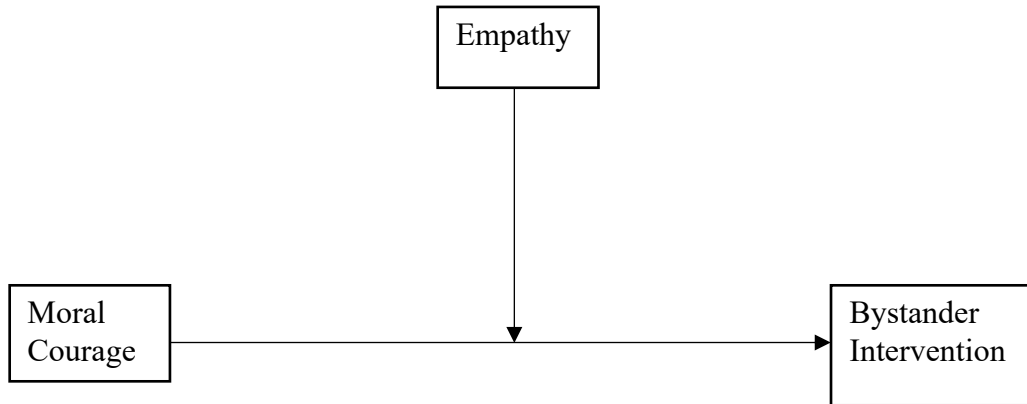
$$Y' = a + \beta_1 (\text{moral courage}) + \beta_2 (\text{empathy}) + e$$

The IV with the highest regression coefficient was the stronger predictor of bystander intervention. I also examined the correlations. The closer an r is to $|1|$, the better the IV is at predicting the DV. The p -values determined if the relations between variables are significant, and the regression coefficient explained the direction and strength of the relations between variables.

Analysis of Interaction Effects Using Multiple Regression. The purpose of this analysis was to determine if the multiplicative effect of moral courage and empathy more strongly explained bystander intervention than moral courage or empathy separately. In an interaction effect, the researcher regresses the DV onto the IVs and a product of the IVs to determine if the impact of the IVs on the DV is changed by the interaction effect of the two variables multiplied. I regressed bystander intervention on moral courage and added empathy as a moderator as indicated by the equation and the figure below. In this equation, Y' is bystander intervention, a is the regression constant, β_1 is moral courage, β_2 is empathy, β_3 is the interaction term, and e is the error term.

$$Y' = a + \beta_1 (\text{moral courage}) + \beta_2 (\text{empathy}) + \beta_3 (\text{moral courage} * \text{empathy}) + e$$

Figure 1. Proposed Moderation Model



I ran the analysis in SPSS v.26 using Hayes' PROCESS v.3.4 macro. This macro produced a table of the model summary including r , R^2 , f value, and p -value. Another table provided regression coefficients, standard error, t values, and p -values. The p -value determined if the overall model was statistically significant while the regression coefficients explained the relations between the variables. The regression coefficient for the interaction term described the strength and direction of the interaction.

Structural Equation Modeling (SEM). To determine if there were differences in variable relations when comparing bullied victims and non-bullied college students, I conducted structural equation models (SEMs). To determine the models' goodness of fit, the Chi-square statistic (χ^2), RMSEA, SRMR, GFI, TLI, and CFI were measured for all models. The higher the χ^2 , the worse the model fit. Keith (2005) argues that χ^2 is not a strong measure of goodness of fit because χ^2 increases with sample size. The root mean square error of approximation (RMSEA) assesses the approximate fit of a model, and as models

are designed to approximate reality, RMSEA is a better measure of model fit than χ^2 (Kline, 2011).

The Goodness of Fit Index (GFI) is important because it accepts approximate models that represent a strong theoretical framework, which leads to a lower chance of a Type II error (Shevlin & Miles, 1998). The Comparative Fit Index (CFI) compares the model to the null hypothesis, and is affected by the sample size, but not to the same degree as χ^2 . The Tucker-Lewis Index (TLI) also compares the model to the null hypothesis, but is not affected by sample size. The standardized root mean square residuals (SRMR) compares the standardized measures of variable relations and the predicted standard measures of the model (Kline, 2011).

According to Keith (2005) and Kline (2011), the most powerful predictors of model fit are RMSEA and SRMR. For this analysis, I used MPlus and AMOS to calculate χ^2 , RMSEA, SRMR, GFI, CFI, and TLI. RMSEA should be below 0.05, and the closer the RMSEA is to zero, the stronger the model. SRMR should be below 0.06, and the closer the SRMR is to zero, the better the model fit. For GFI, CFI, and TLI, a value above 0.95 indicates a good fit, and a value above 0.90 indicates an adequate fit.

SEM is a confirmatory process (Kline, 2011). I conceived these relations from supporting literature, but they had never been tested together before. When the fit indices were not adequate, I used variable relations and the body of knowledge to generate a new model. I then tested the model again with changes. According to Kline (2011), the goal of this process is to find a model that has 3 properties. The model must “make theoretical

sense, it is reasonably parsimonious, and its correspondence to the data is acceptably close” (Kline, 2011, p. 10).

There are two sets of assumptions in SEM. The first set is for the structural model, and the second set is for the measurement model (Kline, 2012). The structural model is composed of direct and indirect relations between latent variables in the model. The measurement model is a “simultaneous confirmatory factor analysis of all the latent variables in the model” (Keith, 2005, p. 300).

The assumptions for the structural model include (1) X must occur before Y, (2) there is a relation between X and Y, (3) there are no confounding variables explaining the relation between X and Y, (4) the distribution of the data is known and is appropriate to the hypotheses of the study, and (5) the direction of the relation between X and Y is correct (Kline, 2012).

Because this study used cross-sectional data, the assumption (1) of X occurring before Y is not met. However, if there is rationale in the theory to believe that X causes Y, this is an acceptable condition to meet the assumption (Kline, 2012). It is likely that moral courage and empathy develop before an individual considers engaging in bystander intervention.

Both assumptions (2) and (3) are explained by the model. When conducting these analyses, I considered if any confounding variables were present, but did not find any in the literature. Also, the literature provides evidence that a relation exists between the variables of interest (Labuhn et al., 2004).

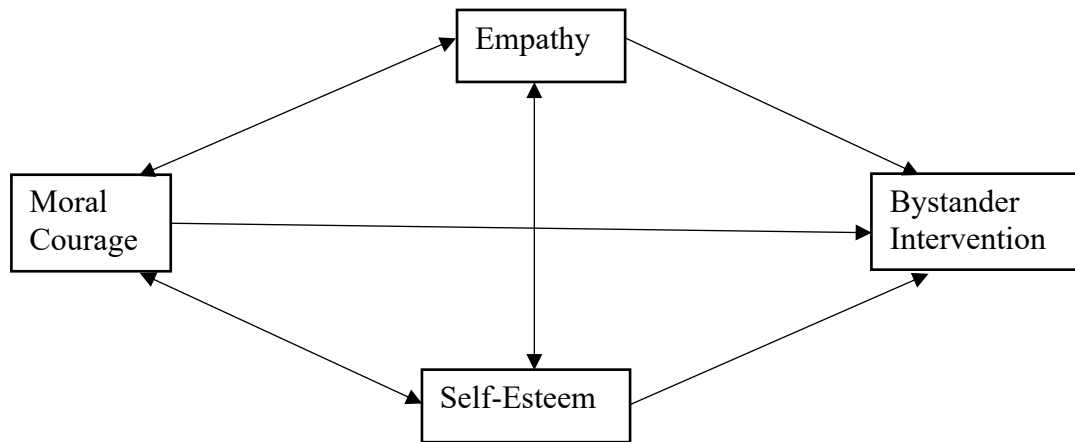
The fourth assumption includes several pieces. First, the data should be independent. Because the sample came from the EDP subject pool, this assumption was met. Next, when running the analysis, no missing values are to be present. This assumption was met when I cleaned the data. Third, the data from the endogenous variable should be normal and continuous. To meet this assumption, I checked for skewness and kurtosis when analyzing bystander intervention. Both subscales of the bystander intervention measure were continuous with no skewness or kurtosis. Finally, the exogenous variables (IVs) should all have a reliability of 1 (Kline, 2012). This is almost impossible to achieve in behavioral science research and was not achieved in this study.

The fifth assumption that X directly affects Y is important to model fit. It may be that Y also has an effect on X, which can be tested by changing the model to a reciprocal relation between X and Y if the original model fit is not good (Kline, 2012). Because this conceptual model is based in theory, I assumed that the model was a good fit. However, because some of the relations between variables measured had not been studied before, I had to make 3 changes to the original model to find a model with good fit statistics. In the fourth iteration of the model, most of the assumptions were met, but the exogenous variables did not have a reliability of 1. The Cronbach's alphas were large enough, though, to run the analysis.

The original model contained two exogenous latent variables, one exogenous measured variable, and one endogenous latent variable. Exogenous variables are similar to IVs. They are not explained by the model, but they are related to one another and attempt to explain changes in the endogenous variable. The model is an attempt to explain variation

in the endogenous variable, making the endogenous variable similar to a DV. The exogenous variables for this model included empathy, moral courage, and self-esteem. The endogenous variable was bystander intervention (see Figure 2). Further, latent variables represent a construct, not something that is measured directly such as age or height. A sound psychometric measure may also be considered a measured variable, such as the concept of self-esteem as measured by the Rosenberg self-esteem scale. However, if there are multiple scales measuring one variable, it is considered a latent variable. Because the Interpersonal Reactivity Index (IRI), which measures empathy in this study, has four subscales, it is a latent variable.

Figure 2. Hypothetical Conceptual Model



To conduct the analysis, I used SPSS, MPlus, and AMOS. First, I conducted a baseline model with all participants. The model fit was not adequate. Because of the empathy altruism theory (Batson, et al., 1989) and the negative state relief theory, I examined the subscales of empathy for a possible explanation of inadequate model fit.

Cialdini and colleagues (1987) created the negative state relief theory as an explanation for empathic intervention. They believed that observers engaged in prosocial behaviors because the observer experienced personal distress when seeing another individual's suffering. On the other hand, Batson and colleagues (1989) defended the empathy altruism theory, positing that observers engage in prosocial behavior because of empathic concern.

The four subscales of empathy, fantasy, perspective taking, empathic concern, and personal distress, all focus on thoughts and feelings experienced by the observer. However, fantasy, perspective taking, and empathic concern focus on the perceived experience of the other and how to intervene if the other is in danger. Conversely, personal distress focuses on unpleasant feelings the observer experiences when observing the other in distress (Batson, et al., 1989; Cialdini, et al., 1987). I find Batson and colleagues' (1989) argument more compelling due to his research procedure and results. In addition, engaging in bystander intervention often involves a high risk – low reward situation for the intervening observer. I find it unlikely that personal distress would be strong enough to compel an observer to act. Because of these two theories and the low factor loading of personal distress onto the latent variable empathy, I chose to remove the measure from the model. The second iteration of the conceptual framework had improved model fit, but model fit was still inadequate.

I next removed self-esteem from the model in an attempt to improve model fit. Self-esteem was not originally a part of my conceptual framework. However, as I conducted the literature review, I found a few articles that posited a relation of self-esteem and bystander intervention (Dessel, Goodman, & Woodford, 2017; Evans & Smokowski, 2015).

The outcomes were mixed, though, with some studies demonstrating a positive relation between self-esteem and bystander intervention while other studies demonstrated a negative relation between self-esteem and bystander intervention (Kabert, 2010; Tsang, Hui, & Law, 2011; Salmivalli, Kaistaniemi, & Lagerspetz, 1999). Because my study was exploratory, I originally included self-esteem with the goal of better understanding self-esteem's relation with bystander intervention. I found the conceptual reasoning of the authors and their statistical methods to be sound. Additionally, it seemed logical that self-esteem would impact the perceived likelihood of bystander intervention because the fourth stage of bystander intervention includes a self-assessment of an observer's ability to successfully intervene (Latanè & Darley, 1970).

In the second iteration of the model, however, self-esteem did not correlate significantly with any other variable. In addition, because the relation between self-esteem and bystander intervention is equivocal in the literature, I removed self-esteem from the model in an attempt to improve model fit. There was little improvement in the fit statistics.

My measure for bystander intervention contained two subscales: indirect bystander intervention and direct bystander intervention. Because indirect bystander intervention and direct bystander intervention are quite different in practice, I expected the relations among variables would be different for indirect bystander intervention and direct bystander intervention. In the few studies I found that differentiated indirect and direct bystander intervention, indirect bystander intervention occurred more frequently than direct bystander intervention (DiFranzo, et al., 2018). A possible explanation for this result is that indirect bystander intervention typically involves less risk compared to direct bystander

intervention. However, in cases of greater risk, such as sexual harassment, men are more likely to intervene directly (Franklin, Brady, & Jurek, 2017).

The difference in levels of risk associated with indirect bystander intervention and direct bystander intervention theoretically relate to moral courage, specifically. An important aspect of the concept of moral courage is the observer's willingness to engage in a high risk – low reward situation (Press, 2018; White, 2015). Indirect bystander intervention requires less risk for the observer because the observer is usually not in danger. For example, if an observer witnesses the assault of the other, the implementation of indirect bystander intervention could include calling the police or 911, or perhaps calling for help. Conversely, the implementation of direct bystander intervention in the same situation would be getting personally involved in the assault interaction. Therefore, the two types of bystander intervention may behave quite differently in relation to moral courage and empathy.

Because of the difference in risk, I decided to measure indirect bystander intervention and direct bystander intervention separately. I then created a new iteration of the model with only indirect bystander intervention as the outcome variable. This model achieved adequate fit. However, the multicollinearity was still present.

When I ran the first SEM, the relation between empathy and bystander intervention in SEM was negative and strong. However, empathy and bystander intervention had a positive and significant zero-order correlation. In addition, empathy predicted bystander intervention in regression models. Additionally, other betas between variables within the model were greater than |1|, indicating multicollinearity.

When I saw the signs of multicollinearity in the first SEM, I tested the variables for multicollinearity in SPSS using VIF and collinearity tolerance. I regressed self-esteem onto empathy and moral courage. The VIF and collinearity tolerance for empathy and moral courage were well within normal limits. I next regressed empathy onto moral courage and self-esteem. The VIF and collinearity tolerance for moral courage and self-esteem were within limits and similar to the previous VIF and collinearity scores. I then regressed moral courage onto empathy and self-esteem. Once again, the VIF and collinearity scores were similar and indicated no multicollinearity.

When I saw no multicollinearity was present in the regressions, I continued to modify the model. I expected that the poor model fit was causing the high beta weights and negative relation between bystander intervention and empathy. In the fourth iteration of the model, good model fit was achieved, and all beta weights were below $|1|$. However, this model still demonstrated a negative relation between bystander intervention and empathy. Because I knew this relation to be positive from previous regressions, I discontinued using SEM.

The goal of the SEMs was two-fold. First, I wanted to better understand the inter-variable relations. I was unable to extrapolate much information on the relations between variables measured by SEM. Nonetheless, it is important to note that the relation between moral courage and bystander intervention was strong and positive in this all iterations of this SEM. Second, I wanted to measure how bullied victim status impacted the variable relations. Because the SEMs were not valid, I was unable to measure the relational differences in the variables when considering bullied victim status.

Chapter Four: Results

DESCRIPTIVE STATISTICS

Means, Standard Deviations, and Reliability Estimates

First, means, standard deviations, and Cronbach's alphas were calculated for each variable of interest (See Table 2). With the exception of bullying, all measures used a 5-point Likert scale. Bullying measures used an 8-point Likert scale to measure the frequency of bullying experience and observation. Participants, on average, rated their levels of empathy, moral courage, self-esteem, and perceived likelihood of bystander intervention above the scale midpoint. Conversely, participants, on average, rated social desirability below the scale midpoint. Participants reported slightly more incidents of observing bullying behaviors than experiencing them, on average.

Table 2
Number of Items, Sample Sizes, Reliability, and Descriptive Statistics for Each Measure
($n = 733$)

Variable/Measures	Number of items	n	α	M	SD
Empathy					
Interpersonal Reactivity Index	28	733	.80	3.58	0.41
Fantasy Subscale	7	733	.72	3.80	0.63
Perspective Taking Subscale	7	733	.78	3.77	0.66
Empathic Concern Subscale	7	733	.79	3.93	0.64
Personal Distress Subscale	7	593	.79	2.88	0.74
Moral Courage					
Moral Courage Questionnaire	23	733	.78	3.52	0.53
Moral Courage Vignettes	4	733	.65	4.30	0.65
Self-Esteem	10	733	.90	3.52	0.76
Bystander Intervention					
Bystander Intervention	20	733	.85	3.71	0.53
Direct Bystander Intervention	10	733	.83	3.54	0.75
Indirect Bystander Intervention	10	733	.81	3.89	0.52
Social Desirability	16	733	.74	2.73	0.52
Bullying					
Bullying Experience	22	732	.90	1.36	0.51
Bullying Observation	22	733	.92	1.60	0.64
Bullying History Experience	12	733	.87	1.85	0.83
Bullying History Observation	3	733	.83	2.88	1.47

Frequency Counts of Bullying Measures

Bullied experience and bullying observation were measured on an 8 point Likert scale. The types of bullying measured included physical, verbal, social, cyber, and faculty/staff.

Bullied Victim Experience. Participants reported experiencing incidents of verbal bullying most frequently of the five types of bullying measured. Additionally, lower frequencies of bullying experience (e.g. a few times, several times) were more commonly

reported across of types of bullying measured. In other words, respondents were more likely to report experiencing being bullied a few times than being bullied daily (See Table 3).

Table 3

Mean Frequency of Incidents of Bullying Experienced ($n = 733$)

Bullying Type	A Few Times	Several Times	Once or Twice a month	Weekly	Several times a week	Daily
Physical	45.33	13.67	2.33	4	1.3	0
Verbal	99	30.75	10.25	6	7.25	5.74
Social	83	29.2	7.2	3.2	2.8	2
Cyber	22.25	10.75	3	2.5	1.25	0.5
Faculty/Staff	14.83	5.167	2.33	1.33	1.17	0.17

When examining the frequency of the different types of reported bullied victim experience, verbal bullying was the most frequent, but social bullying was reported only slightly less frequently. Participants reported fewer instances of physical bullying experience compared to verbal and social bullying. Faculty/staff bullying was the least reported type of bullied victim experience.

It is of note that participants reported more frequent bullied victim experience when given specific scenarios compared to a binary yes/no question about experiencing bullied victim experience. For instance, 22% of participants reported experiencing verbal bullying, but only 5% (40/733) of participants reported having experienced bullying while in college.

Observed Bullying. Participants reported higher frequencies of bullying observation than bullied victim experience overall. When examining participants' reports of the type of bullying behavior observed, social bullying was the most frequent type of bullying reported with verbal bullying reported slightly less frequently. There was a greater disparity between incidents of observed bullying and bullied victim experience in both physical and cyber bullying when compared with the other types of bullying. Both physical bullying and cyber bullying were more frequently reported in the observed bullying subscale than in the bullied victim experience subscale. (See Table 4).

Table 4

Mean Frequency of Incidents of Bullying Observed ($n = 733$)

Bullying Type	A few Times	Several Times	Once or Twice a month	Weekly	Several times a week	Daily
Physical	117	35.33	19.33	4	1	0
Verbal	126.5	57.25	9.75	6	7.25	5.75
Social	140.4	61.8	16.8	3.2	2.8	2
Cyber	63.75	31.25	8.5	2.5	3.25	1
Faculty/Staff	27.5	11.83	4.16	1.5	1	0.5

Although observed social bullying was the type of bullying most frequently reported, observed verbal bullying was more frequently reported at higher levels of bullying frequency. Observed social bullying was most frequently reported in the less frequent incidents of observed bullying (e.g a few times, several times). However, observed verbal

bullying was more frequently reported beginning at the frequency of “weekly” and is more frequently reported in “several times a week” and “daily” compared to all other types of observed bullying.

It is of note that item 10, a measure of social bullying on both scales, had higher levels of bullying reported than any other item. Item 10 asks participants about their experience or observation of being left out of a social event. In the bullied victim experience scale, 175 participants reported experiencing this form of social bullying a few times, and 68 participants reported experiencing this form of social bullying several times. In the observed bullying scale, 209 students reported observing this form of bullying a few times and 129 students reported observing this form of bullying several times. This is the only item in which more than half of students responded that bullying had occurred.

Correlations

Next, correlations were computed for each variable of interest (see Table 5). Empathy and moral courage were significantly and positively related to each other and bystander intervention. The moral courage questionnaire correlated strongly with indirect and direct bystander intervention. The moral courage vignettes also correlated strongly with both types of bystander intervention. However, the correlation between indirect bystander intervention and moral courage vignettes was particularly strong. The correlation between direct bystander intervention and the moral courage measure was also particularly strong.

Of the four subscales of empathy, three correlated positively with moral courage. Personal distress correlated negatively with the moral courage vignettes, but not with the

moral courage questionnaire. Personal distress did not correlate with either form of bystander intervention. Fantasy, perspective taking, and empathic concern correlated significantly with both types of bystander intervention. However, these three subscales of empathy were more highly correlated with indirect bystander intervention than direct bystander intervention.

Self-esteem only correlated with one subscale of empathy: personal distress. The correlation was strong and negative. Self-esteem correlated positively and weakly with the moral courage questionnaire, but not with the moral courage vignettes. Self-esteem correlated positively but weakly with direct bystander intervention, but did not correlate with indirect bystander intervention.

Table 5

Correlations of Variables of Interest ($n = 733$)

Constructs/Measures	1	2	3	4	5	6	7	8	9
1. Empathy (Full IRI)	$\alpha=.80$								
2. Fantasy	.65**	$\alpha=.72$							
3. Perspective Taking	.59**	.22**	$\alpha=.78$						
4. Empathic Concern	.77**	.39**	.44**	$\alpha=.79$					
5. Personal Distress	.47**	.06	-.12**	.14**	$\alpha=.79$				
6. Moral Courage (Both Scales)	.22**	.28**	.25**	.35**	-.24**	$\alpha=.79$			
7. Moral Courage Questionnaire	.12**	.19**	.19**	.26**	-.27**	.97**	$\alpha=.78$		
8. Moral Courage Vignettes	.39**	.27**	.31**	.44**	-.01	.59**	.31**	$\alpha=.65$	
9. Self-Esteem	-.21**	-.09**	.00	-.04	-.36**	.08*	.08*	.03	$\alpha=.90$
10. Bystander Intervention	.18**	.21**	.21**	.25**	-.16**	.59**	.49**	.48**	.10*
11. Indirect Bystander Intervention	.29**	.26**	.19**	.33**	.04	.38**	.27**	.53**	.05
12. Direct Bystander Intervention	.06	.10**	.14**	.12**	-.19**	.53**	.51**	.31**	.10**
13. Bullied Victim Experience	-.12**	-.02	-.15**	-.16**	.004	-.01	.05	-.20**	-.17**
14. Bullied Victim Observation	-.04	.03	.09*	-.06	-.03	.03	.06	-.10**	-.07

Note. * $p < .05$; ** $p < .01$

Table 5 cont.

Correlations of Variables of Interest ($n = 733$)

Constructs/Measures	10	11	12	13	14
1. Empathy (Full IRI)					
2. Fantasy					
3. Perspective Taking					
4. Empathic Concern					
5. Personal Distress					
6. Moral Courage (Both Scales)					
7. Moral Courage Questionnaire					
8. Moral Courage Vignettes					
9. Self-Esteem					
10. Bystander Intervention	$\alpha=.85$				
11. Indirect Bystander Intervention	.74**	$\alpha=.81$			
12. Direct Bystander Intervention	.88**	.34**	$\alpha=.83$		
13. Bullied Victim Experience	-.06	-.11**	.00	$\alpha=.90$	
14. Bullied Victim Observation	-.04	-.08*	.00	.72**	$\alpha=.91$

Note. * $p < .05$, ** $p < .01$

RESEARCH QUESTIONS/HYPOTHESES

Research Question 1

What is the relation between college students' level of empathy and their perceived likelihood that college students will engage in bystander intervention when observing a peer being bullied? To address this question, I conducted a simple linear regression, regressing bystander intervention on empathy. Empathy predicted perceived likelihood of bystander intervention, $R^2 = .034$, $F(1, 731) = 25.679$, $p < .001$, $b^* = .184$. I ran the regression again, controlling for social desirability. Empathy still predicted perceived likelihood of bystander intervention, $R^2 = .070$, $F(1, 731) = 19.620$, $p < .001$, $b^* = .213$.

I regressed indirect bystander intervention onto the four subscales of the empathy measure simultaneously controlling for social desirability. The perspective taking subscale and the personal distress subscale were not significantly related to indirect bystander intervention (see Table 6). Of the four empathy subscales, empathic concern had the strongest relation with indirect bystander intervention.

Table 6

Hierarchical Linear Regression Predicting Indirect Bystander Intervention ($n = 733$)

Step Independent Variables	b	(SE)b	b*	R^2	ΔR^2
1.				.003	.003
Social Desirability	0.055	0.037	0.055		
2.				.143	.140**
Social Desirability	0.077	0.037	0.076*		
Fantasy Subscale	0.146	0.032	0.174**		
Perspective Taking Subscale	0.025	0.032	0.031		
Empathic Concern Subscale	0.211	0.034	0.256**		
Personal Distress Subscale	-0.047	0.026	-0.065		

Note. * $p < .05$. ** $p < .01$

I also regressed direct bystander intervention on the four subscales of empathy. Personal distress is a significant and negative predictor of direct bystander intervention, unlike the nonsignificant relation between personal distress and indirect bystander intervention. The betas demonstrate a stronger relation between empathy and indirect bystander intervention than between empathy and direct bystander intervention. (See Table 7). Further, the empathy subscales explain 14.3% of the variance in indirect bystander intervention and 8% of the variance in direct bystander intervention. These regression analyses support Hypothesis 1, that empathy is a predictor of bystander intervention.

Table 7

Hierarchical Linear Regression Predicting Direct Bystander Intervention ($n = 733$)

Step Independent Variables	b	(SE)b	b*	R^2	ΔR^2
1.				.035	.035
Social Desirability	0.272	0.052	0.188**		
2.				.088	.053**
Social Desirability	0.237	0.054	0.164**		
Fantasy Subscale	0.116	0.047	0.097*		
Perspective Taking Subscale	0.032	0.047	0.028		
Empathic Concern Subscale	0.119	0.050	0.101*		
Personal Distress Subscale	-0.169	0.038	-0.165**		

Note. * $p < .05$. ** $p < .01$

Research Question 2

What is the relation between college students' levels of moral courage and their perceived likelihood to engage in bystander intervention when observing a peer being bullied? To address this question, I conducted a simple linear regression, regressing bystander intervention on both moral courage measures. Moral courage predicted bystander intervention, $R^2 = .322$, $F(1, 731) = 347.907$, $p < .001$, $b^* = .568$. I ran the regression again, controlling for social desirability. Moral courage still predicted bystander intervention $R^2 = .332$, $F(2, 730) = 181.153$, $p < .001$, $b^* = .557$.

I regressed indirect bystander intervention on the two subscales of moral courage simultaneously while controlling for social desirability. Moral courage predicted indirect

bystander intervention, $R^2 = .145$, $F(2, 730) = 61.652$, $p < .001$, $b^* = .379$. I also regressed direct bystander intervention onto the two subscales of moral courage simultaneously controlling for social desirability. Moral courage was a stronger predictor of direct bystander intervention than indirect bystander intervention, $R^2 = .296$, $F(2, 730) = 153.458$, $p < .001$, $b^* = .514$. The betas demonstrate that the moral courage vignette measure is a particularly strong predictor of indirect bystander intervention. (See Table 8).

Table 8

Hierarchical Linear Regression Predicting Indirect Bystander Intervention ($n = 733$)

Step Independent Variables	b	(SE)b	b*	R^2	ΔR^2
1.				.003	.003
Social Desirability	0.055	0.037	0.055		
2.				.293	.290**
Social Desirability	0.052	0.032	0.052		
Moral Courage Questionnaire	0.107	0.033	0.106*		
Moral Courage Vignettes	0.402	0.027	0.496**		

Note. * $p < .05$. ** $p < .01$

When direct bystander intervention is regressed on the moral courage measures, social desirability is statistically significant, although this relation was not significant with indirect bystander intervention. (See Table 9). Also, the moral courage questionnaire is a stronger predictor of direct bystander intervention than indirect bystander intervention. These regression analyses support Hypothesis 2, that moral courage is a predictor of bystander intervention.

Table 9

Hierarchical Linear Regression Predicting Direct Bystander Intervention ($n = 733$)

Step Independent Variables	b	(SE)b	b*	R^2	ΔR^2
1.				.003	.003
Social Desirability	0.05	0.037	0.055		
2.				.035	.035**
Social Desirability	0.190	0.045	0.132**		
Moral Courage Questionnaire	0.622	0.047	0.434**		
Moral Courage Vignettes	0.200	0.038	0.173**		

Note. * $p < .05$. ** $p < .01$

Research Question 3

What is the relation between college students' levels of self-esteem and their perceived likelihood that they will engage in bystander intervention when observing a peer being bullied? To address this question, I conducted a simple linear regression regressing bystander intervention on self-esteem. Self-esteem predicted bystander intervention, $R^2 = .009$, $F(1, 732) = 6.633$, $p = .010$, $b^* = .095$. When controlling for social desirability, the relation between self-esteem and bystander intervention was no longer statistically significant ($p = .332$). This does not support the hypothesis that self-esteem predicts levels of bystander intervention.

Research Question 4

Is there an interaction effect between empathy and moral courage in predicting bystander intervention? To address this question, I conducted a moderation analysis

using PROCESS v. 3.4 in SPSS. While the model summary was significant ($p < .000$, $R^2 = .329$), the interaction itself was not statistically significant ($p = .123$). This does not support the hypothesis that empathy moderates the relation between moral courage and bystander intervention. Because empathy does not moderate the relation between moral courage and bystander intervention, I did not conduct the proposed 3-way moderation model. I conducted a moderation analysis with self-esteem as a moderator of the relation between moral courage and bystander intervention, but the moderation was not significant ($p = .078$).

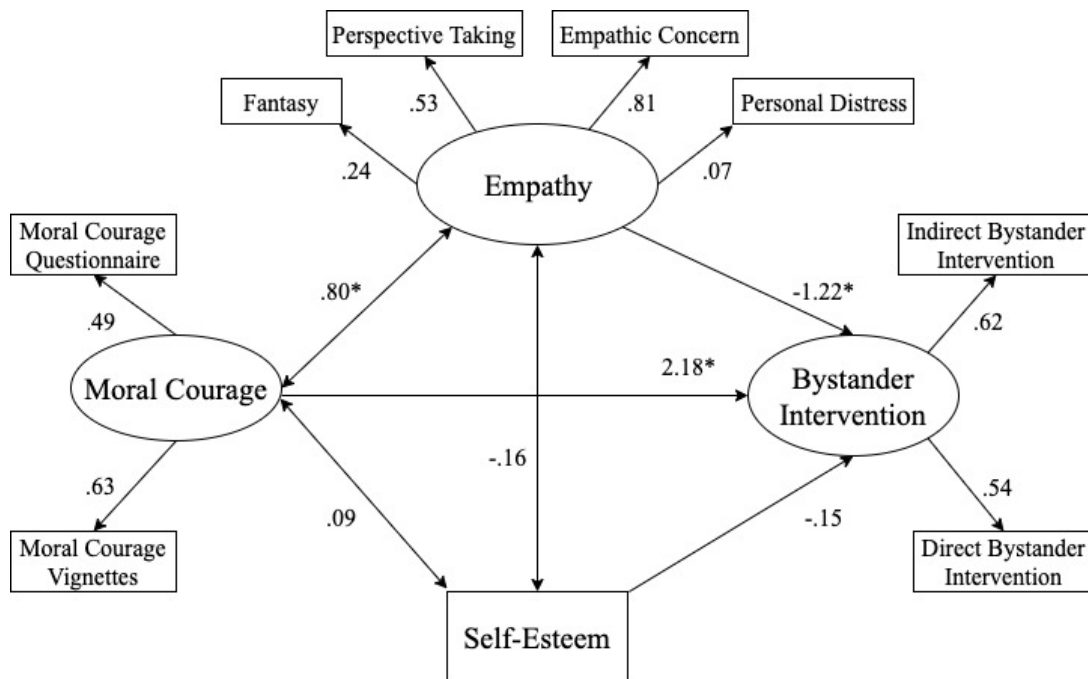
Research Question 5

How does self-esteem impact levels of moral courage? To address this question, I regressed moral courage on self-esteem in a simple linear regression. The model was statistically significant, $R^2 = .006$, $F(1, 732) = 4.561$, $p = .033$, $b^* = .079$. When controlling for social desirability, the relation between self-esteem and moral courage was no longer significant ($p = .318$). The data do not support the hypothesis that self-esteem is a predictor of moral courage.

Research Question 6

How does being bullied impact the relations between moral courage, empathy, self-esteem, and bystander intervention? To address this question, I tested the hypothetical conceptual model for this study using structural equation modeling. This model can be seen below in Figure 3.

Figure 3. Original Model with Standardized Regression Weights



Note. * $p < .05$

The fit indices were not good for this model (see Table 10), and modifications were necessary. Batson and colleagues' (1989) empathy altruism theory and Cialdini and colleagues' (1987) negative state relief both posit that empathy will compel an observer to provide aid to an observed individual in need. The difference between the theories is the motivation for the prosocial behavior. Batson's empathy altruism theory posits that observers aid others in need because of empathic concern (Batson, et al., 1989). Cialdini's theory posits instead that observers aid others in need to end the unpleasant emotions, such as personal distress, the observer feels while seeing the other suffer (Cialdini, et al., 1987).

Table 10

Fit Indices of Structural Equation Models ($n = 733$)

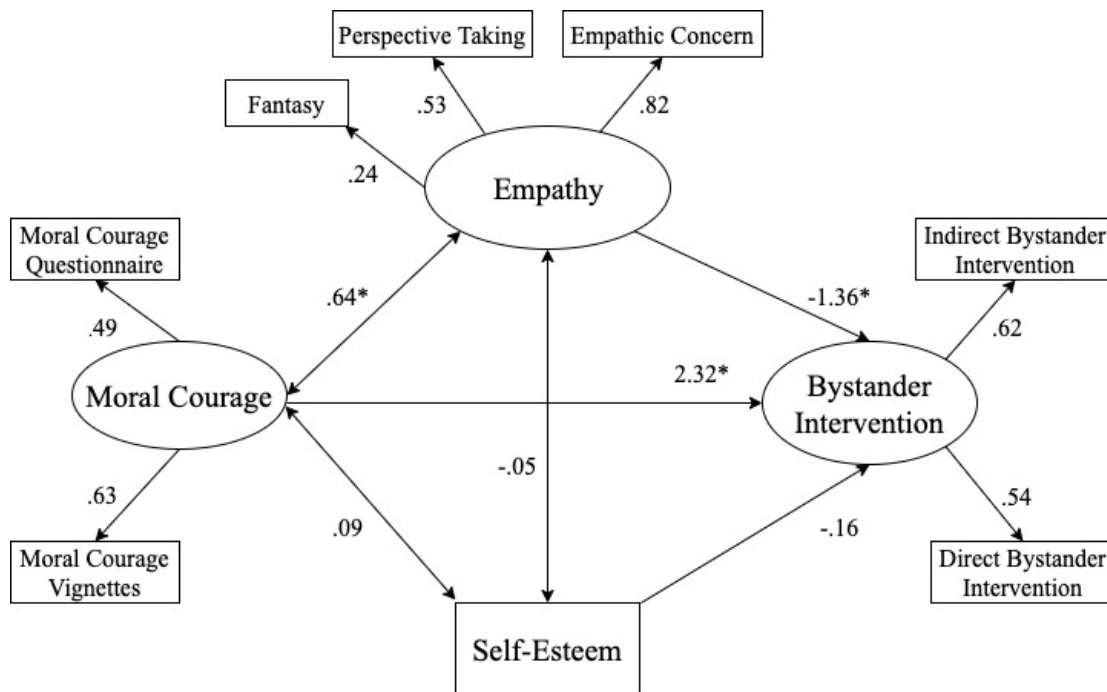
	Model 1	Model 2	Model 3	Model 4	Model 5
χ^2	354.94*	135.88*	129.66*	11.40	53.72*
RMSEA	.144	.105	.122	.029	.095
SRMR	.095	.054	.059	.021	.051
CFI	.754	.889	.890	.995	.941
TLI	.582	.793	.790	.988	.873
GFI	.904	.956	.953	.995	.977
df	22	15	11	7	7

Note. * $p < .05$

The three empathy subscales of fantasy, perspective taking, and empathic concern measure the observer's perception of the other's situation and feelings. On the other hand, the empathy subscale personal distress focuses on the observer's unpleasant feelings that are due to observing the other in distress (Batson, et al., 1989; Cialdini, et al., 1987, Davis, 1979). The high risk – low reward situation that is a component of bystander intervention requires the observer to act despite personal discomfort. It seems unlikely that an observer who is overwhelmed with his/her own personal discomfort would be willing or even able to accept more personal discomfort for the other. Therefore, I think personal distress, while a part of empathy, behaves differently than the other three subscales with regard to bystander intervention.

Additionally, personal distress did not load significantly onto total empathy ($\lambda = .058, p = .213$). Conversely, fantasy, perspective taking, and empathic concern all loaded moderately well to strongly. Consequently, I modified the model and removed the personal distress measure.

Figure 4. Model 2 with Standardized Regression Weights



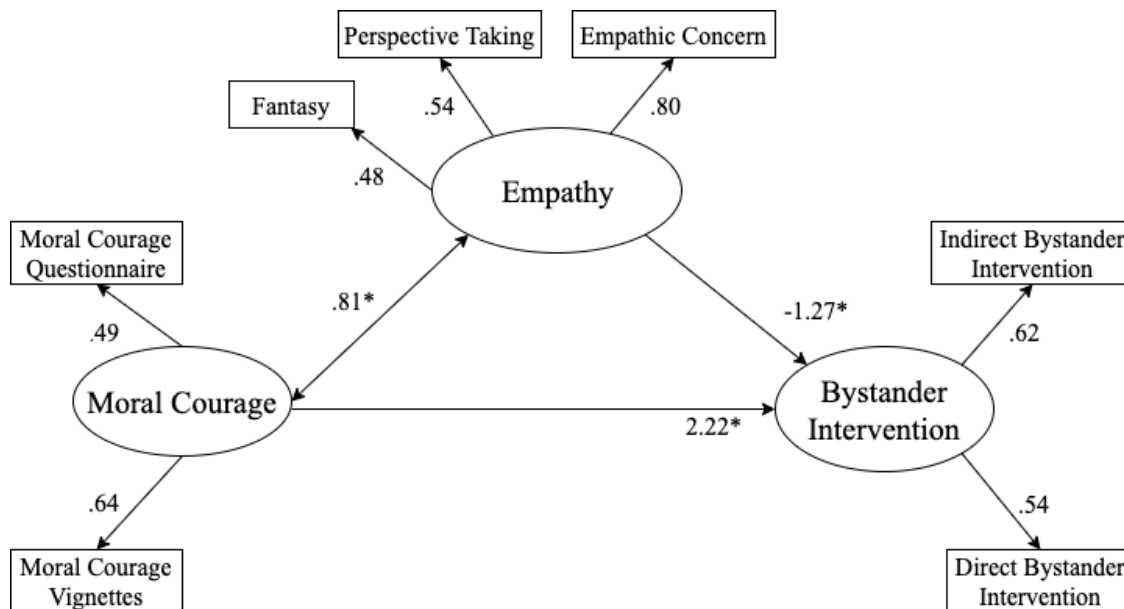
Note. * $p < .05$

Removing personal distress from the first model did improve model fit, but model fit was still inadequate. (See Table 10). Self-esteem was not a part of my original study. In my review of the literature on bystander intervention, a few studies described a relation between self-esteem and bystander intervention. The relation between these variables was unclear, however. Some studies showed a positive relation between self-esteem and bystander intervention, and others showed a negative relation between self-esteem and

bystander intervention. Because this was an exploratory study, I added self-esteem to my conceptual model to add to the body of knowledge on the relation between self-esteem and bystander intervention. Because the relation between self-esteem and bystander intervention was unclear in the literature, I decided to remove it from the model.

There were minimal changes in model fit after removing self-esteem. The next iteration of the model without self-esteem (Model 3) is pictured below.

Figure 5. Model 3 with Standardized Regression Weights

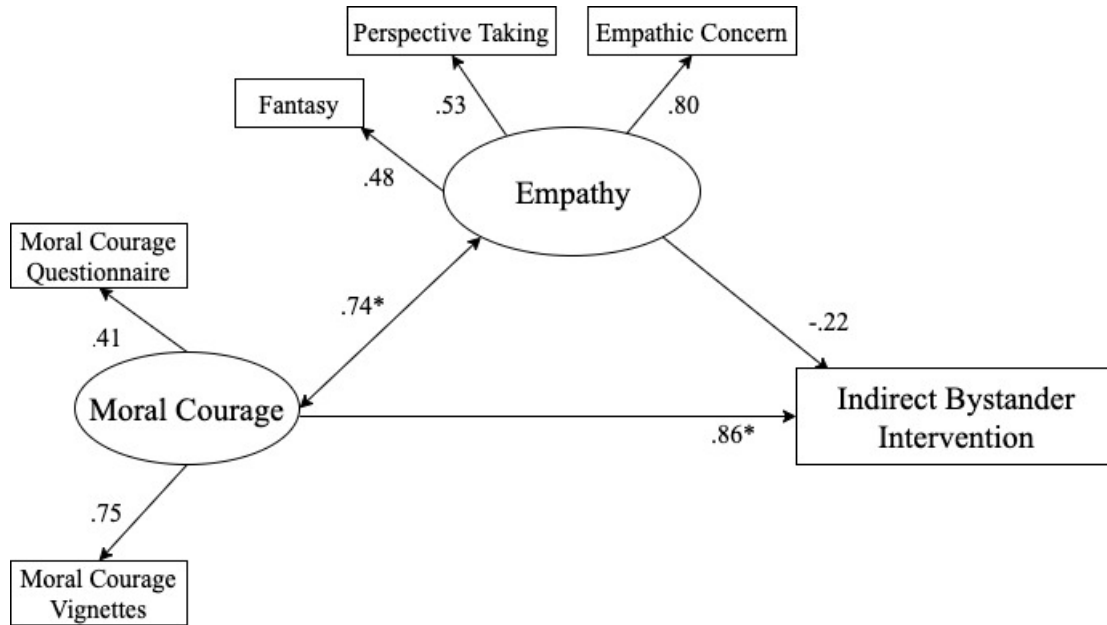


Note. * $p < .05$

After removing self-esteem and seeing little change in the model, I considered the measures of indirect and direct bystander intervention. Indirect bystander intervention generally requires less risk than direct bystander intervention. Because of the importance of risk in the conceptual framework of moral courage, I thought moral courage might have interacted differently with the different types of bystander intervention. Therefore, I

removed the latent variable bystander intervention and inserted indirect bystander intervention as the outcome variable. The fourth iteration of this model is presented in Figure 6.

Figure 6. Model 4 with Standardized Regression Weights



Note. * $p < .05$

The fit indices for this model indicated a good fit (see Table 8). χ^2 was not statistically significant ($p = .122$). Both RMSEA and SRMR dropped while CFI and TLI increased, demonstrating a much better fit. Despite the good model fit for Model 4, however, multicollinearity was an issue.

Although there are no beta weights above one in Model 4, there is a negative relation between empathy and indirect bystander intervention. In zero-order correlations, empathy is positively related to indirect bystander intervention. The negative relation between

empathy and indirect bystander intervention indicates multicollinearity is present in the model.

Chapter Five: Discussion

The main purpose of this study was to increase knowledge of bystander intervention intentions in college students with the ultimate goal of minimizing and eventually ending bullying among college students. Research has demonstrated that bystander intervention is capable of decreasing rates of bullying in a high school system (Coker et al., 2017). In addition, when a bullied victim receives aid from a bystander, the bullied victim is positively affected (Banyard, et al., 2016). Because of the success of bystander intervention in preventing high school bullying, I created an exploratory conceptual model guided by literature with malleable human attributes that had not been studied together previously. The results of this conceptual model provide support that empathy and moral courage are positively related to the intention of engaging in bystander intervention. This adds to the body of knowledge on bystander intervention and introduces constructs that may increase engagement in bystander intervention. With further research, interventions can be developed to educate students on how to effectively intervene safely and thereby minimize bullying in college.

A second purpose of this study was to add to the knowledge base of the frequency and type of bullying occurrences in college. Bullying has been frequently studied among K-12 students, but the current body of knowledge on bullying in college is small (Lund & Ross, 2014). The results of the current study support that college students are being bullied and observing other college students being bullied. The most frequently reported types of bullying were verbal and social bullying.

Bystander intervention may be a great tool to aid college students who are being bullied and need support. In order to increase the amount of bystander intervention occurring on a college campus, it is important to better understand the nature of bystander intervention, what constructs are related to bystander intervention, and how to help students increase their efficacy in constructs that are strongly related to bystander intervention.

EMPATHY AND MORAL COURAGE ARE CORRELATED WITH BYSTANDER INTERVENTION

Moral Courage and Bystander Intervention

Though both empathy and moral courage were positively and significantly related to bystander intervention, moral courage was more strongly related to bystander intervention than empathy. Moral courage explained approximately 26% of the variance in bystander intervention. This strong relation between moral courage and bystander intervention in my study corroborates dimensions of other researchers' conceptual frameworks of moral courage (Press, 2018; White, 2015). White's conceptual framework is based in qualitative research conducted in a war-torn area of Myanmar. Press's (2018) conceptual framework is based in a case study of moral courage. High risk with low anticipated reward is an important component found in both researchers' conceptual frameworks, and the high risk – low reward principle is an important concept in Latané and Darley's (1970) conceptual framework.

Although moral courage correlated strongly with bystander intervention, the body of knowledge on moral courage is still small, and it is difficult to discern the components of moral courage that correlate with bystander intervention. More research leading to a deeper

understanding of the concept of moral courage is needed to fully understand how and why moral courage relates so strongly to bystander intervention.

I believe that the measures I created for moral courage and bystander intervention were too similar in some ways. Both measures asked participants to report their perceived likelihood of engaging in prosocial behaviors. The items on the bystander intervention measure focused on different bullying situations experienced or observed by college students. The moral courage measure was more broad, but still focused on the participant's perceived likelihood of engaging in a high risk – low reward situation. The moral courage measure needs to be more nuanced and include items that also capture the morality and values of the participant. The measures are adequate to interpret for this exploratory study, but improvements should be made in the future.

Empathy and Bystander Intervention

Empathy had a positive and statistically significant relation with bystander intervention, but the relation was not as strong as the relation between moral courage and bystander intervention. Empathy accounted for approximately half of the variance explained by moral courage in indirect bystander intervention and approximately one-third of the variance explained by moral courage in direct bystander intervention. Nonetheless, empathy is an important correlate of bystander intervention.

I posit that individuals with higher levels of empathy are more likely to notice bullying happening. According to the conceptual framework of bystander intervention, the first two steps are (1) noticing the event and (2) interpreting the event as an emergency. Empathy may increase the observer's perception of the other's situation and feelings. This

is supported by the strong relation between empathic concern and indirect bystander intervention. Empathic concern is a subscale of empathy, and it measures warm feelings toward and concern for the other (Davis, 1979). Without empathy, it is unlikely that an observer will notice bullying of others and interpret the situation as an emergency. Therefore, it is likely that individuals with high levels of empathy will notice the other being bullied, consider the situation an emergency, and consider intervening.

Another finding of the present study was support for Batson et al.'s (1989) empathy altruism hypothesis. Of the four subscales of empathy, empathic concern had the highest correlation with indirect bystander intervention. Personal distress had no significant correlation with indirect bystander intervention and a negative correlation with direct bystander intervention. As described before, empathic concern describes the warm emotions and concern the observer feels when seeing the other suffer. Personal distress describes the painful emotions the observer feels when seeing the other suffer (Davis, 1979). Empathic concern reflects an observer's care and concern for the other while personal distress reflects an observer's care and concern for the unpleasant feelings the observer feels as a result of observing the other's situation.

Batson argued that the impetus for empathy was altruism, but Cialdini and colleagues (1987) disagreed. They posited that personal distress experienced by the observer prompted a person to engage in helping behavior with the intent of alleviating the individual's own distress at seeing the other suffer.

The strong, positive correlation between indirect bystander intervention and empathic concern support Batson and colleagues' (1989) empathy altruism hypothesis.

Therefore, my study suggests that individuals who intend to intervene do so because of empathic concern for the other rather than to alleviate personal distress.

Two Types of Bystander Intervention

An unexpected but important finding in this study is the distinct differences between indirect bystander intervention and direct bystander intervention. The relation between empathy and indirect bystander intervention differed from the relation between empathy and direct bystander intervention. To gain a better understanding of the differences between indirect bystander intervention and direct bystander intervention, I conducted a search of the literature and found only two related studies. One was the Franklin et al. (2017) study, which is a part of my literature review that focuses only on direct bystander intervention. A new study had been recently published in July, using grounded theory to examine male roles in indirect and direct bystander intervention while witnessing sexual assault (Kaya, et al., 2020). The lack of studies demonstrated the dearth in the literature on the differences between direct and indirect bystander intervention.

After conducting regression analyses, it was evident that empathy explained almost twice the variance in indirect bystander intervention compared to the amount of variance empathy explained in direct bystander intervention. Conversely, moral courage explained approximately the same amount of variance in both types of bystander intervention. Understanding the difference in the actions associated with both types of bystander intervention may provide an explanation for this difference.

In the case of indirect bystander intervention, the individual will likely look to sources of authority or peers for assistance. In the case of observed physical bullying on a

college campus, indirect bystander intervention may involve calling campus police, asking passers-by for help, trying to tell others about the physical incident, or calling 911. The behaviors associated with indirect bystander intervention tend to keep the observer physically distanced from the potentially dangerous situation. This minimizes the amount of risk the observer assumes while still intervening on behalf of the other.

In the same scenario of physical bullying on a college campus, an observer who engages in direct bystander intervention will act differently. The observer may try to break up the altercation physically, approach the aggressor to request that s/he stop harming the other, or may become physically aggressive toward the aggressor to stop the violence. Direct bystander intervention requires personal interaction with the aggressor, which increases risk to the intervening observer. Therefore, direct bystander intervention has the potential to be more dangerous and involve higher levels of risk than indirect bystander intervention.

Risk is an important dimension in the conceptual framework of bystander intervention. However, it is important to understand that there is a disparity between the levels of risk inherent to indirect bystander intervention and direct bystander intervention. The difference in the behaviors associated with the different types of bystander intervention partially explains the stronger relation between empathy and indirect bystander intervention compared to the weaker relation between empathy and direct bystander intervention. Theoretically, there is no connection between risk and empathy. Indirect bystander intervention behaviors generally require less risk. Therefore the element of risk

is, in part, responsible for the difference in the strength of the relations between empathy and the two different types of bystander intervention.

This is an important concept to consider when creating curriculum and interventions to increase the frequency of bystander intervention. In the present study, moral courage correlates similarly with both types of bystander intervention. However, empathy is more strongly correlated with indirect bystander intervention. Therefore, if a researcher or practitioner wants to promote growth in the frequency of college students' direct bystander intervention, the focus should be on moral courage with less emphasis given to empathy. Because there is so little literature describing the discrepancies in the types of bystander intervention, it is important to add to this body of knowledge in future studies. There are likely variables that do not correlate with direct bystander intervention that correlate with indirect bystander intervention. For practitioners, it is important to determine which form of bystander intervention is preferable in practice. Indirect bystander intervention seems to be a safer way for students to help one another. A better understanding of the constructs related to indirect bystander intervention is likely to aid a researcher or practitioner in developing a program to increase indirect bystander intervention.

Self-Esteem

Because of the lack of conclusive findings on how self-esteem might affect bystander intervention, I included self-esteem in the regression analyses and SEMs. A few studies reported a significant relation between self-esteem and bystander intervention, but the results were equivocal (Dessel, Goodman, & Woodford, 2017). Some studies found that high self-esteem was positively related to levels of bystander intervention (Tsang, et al.,

2011; Salmivalli, et al., 1999), and others found that high self-esteem was correlated with lower levels of bystander intervention (Evans & Smokowski, 2015; Kabert, 2010). My study found that self-esteem is not significantly related to bystander intervention. One possible explanation for this finding is that I controlled for social desirability in my study, unlike most of the previous studies on this topic.

It is my opinion that controlling for social desirability in all my regressions made my findings more credible. Respondents may have reported higher scores on their self-esteem measure to appear favorably, and controlling for social desirability removed that potential measurement error from the study. I controlled for social desirability in empathy and moral courage measures as well, but only self-esteem was significantly impacted.

Because self-esteem is a global judgment on how an individual perceives him/herself, it may be too broad a measure for this conceptual framework. Step four of the bystander intervention model is deciding to intervene. Making the decision to intervene, in part, is dependent on the observer's self-perceived competence. For example, if the observed bullying is verbal, the observer will likely evaluate his/her perceived language proficiency, social skills, emotional control, ability to successfully engage with hostile individuals, ability to diffuse a difficult situation, and more before deciding to act. Past personal experience with verbal altercations and self-perceived verbal ability will likely be more important in guiding the observer's decision to intervene than a global sense of self-esteem. Franklin, et al. (2017) found that participants who had high efficacy in violence protection were more likely to intervene in preventing sexual assault. Therefore, the

construct of self-efficacy may be a better measure of the intention to engage in bystander intervention than self-esteem.

COLLEGE STUDENTS ARE EXPERIENCING AND OBSERVING BULLYING BEHAVIOR

The second aim of this study was to determine if bullying was happening to college students. No bullying measures existed specifically for college students, and I created bullying measures based on items from the CDC's compendium for bullying (Hamberger, Basile, & Vivolo, 2011). All items were modified to reflect situations encountered in a college environment. Participants responded to each item with the frequency at which the bullying behavior was experienced and observed. The frequencies ranged from never to daily.

Experiencing bullying

A total of 1,796 incidents of being bullied were reported in response to 22 items. Participants reported experiencing verbal bullying most frequently with social bullying similar in frequency. Further, when asked at the end of the questionnaire if they had been bullied in college, only 6.8% of participants responded yes. However, when responding to specific items that reflected bullying experiences, the frequency of the reported bullying experiences was much higher, especially in verbal and social bullying.

Since bullying is known to be underreported (Lund & Ross, 2017), participants likely felt more comfortable honestly answering items that did not mention bullying. It is likely that the bullying experience frequency questionnaire did not cue students that bullying experience was being measured, and they were not primed to respond to the stigma of

bullying. The stigma associated with being bullied is well noted in the literature (Karanikola, et al., 2018; Noor, et al., 2015; Thornburg, 2015).

In addition, it is likely that college students do not consider bullying something that happens in college. Terms such as harassment, microaggression, and assault often replace bullying when students matriculate into college (S. Dube, personal communication, June 25, 2019). Students may also not be aware that some bullying experiences are considered bullying. Connell and colleagues (2019) found that among 4,372 students in middle school, one third of students experiencing bullying were unaware that they were being bullied.

Therefore, the stigma associated with being bullied, the change in terminology when moving from K-12 into college, and a lack of understanding of what constitutes bullying are likely responsible for the discrepancy in participants' reports of experience being bullied and their responses to items with specific scenarios that describe situations in which bullying is experienced. In sum, my study demonstrates that college students are being bullied, but some may not be aware that they are being bullied.

Observing bullying

Even more students reported observing bullying behavior than reported experiencing being bullied. In total, 3,457 incidents of bullying were observed, measured in 22 items. Participants reported experiencing more verbal bullying, but reported observing more social bullying. Social bullying, by definition, involves other people, therefore it is likely more frequently observed than verbal bullying. Unfortunately, bullying is happening on college campuses. The findings on bullied victim experience and bullying observation add

to the small body of knowledge on how bullying is presenting in colleges and with what frequency.

LIMITATIONS AND FUTURE DIRECTIONS

Limitations

This study has three primary limitations. The first limitation is the reliance on self-report questionnaires. A second limitation was the inability to test for actual bystander intervention in this study. Instead, intended bystander intervention was measured, and the theory of planned behavior posits that a difference exists between what individuals think they will do in a situation and what they will actually do in the situation (Ajzen, 1991). Batson created a study in a laboratory that measured if an individual would actually intervene to help another in apparent distress (Batson, 1989). Other researchers have found ways to measure the act of bystander intervention. Finding a way to measure if a college student actually engages in bystander intervention to aid a fellow college student being bullied would provide more insight into the relations between empathy and moral courage and bystander intervention behavior. A third limitation is that these data are cross-sectional and therefore cannot be interpreted as causal. All relations discussed using these data are correlational, and causation cannot be inferred from these relations.

Future Directions

I have five suggestions for future research and potential next steps. First, there is research on minority status, disability, SES, and parental relations and the likelihood of being bullied (Ahmed & Braithwaite, 2004; Green, 2018; Goldweber, Waasdorp, & Bradshaw, 2013; Morcillo, et al., 2015). These effects need to be explored to better

understand who is at risk for being bullied and how these individuals can be supported. It was beyond the scope of this study to examine demographic differences in participants. However, it is important to examine the interrelations of these variables and participant demographics for a deeper understanding of college bullying and bystander intervention.

Second, although I measured participants' reported experience of being bullied and participants' reported observation of others being bullied, I did not include items to measure participants' reported bullying of others. This would have added more depth and another interesting dimension that could potentially further explain the relations between empathy, moral courage, and bystander intervention. Future studies should include a measure for bullying behavior. It is important to remember that bullies are sometimes harmed in the process of bullying, as well as bullied victims (Morcillo, et al., 2015; Sigudson, et al., 2015).

Third, moral courage is a relatively new construct with a small knowledge base. Understanding more about moral courage and developing a stronger conceptual framework for this construct will aid future research using moral courage as a variable. This study has added to the sparse body of knowledge on moral courage, but more research is needed for a greater and more in-depth understanding of the construct and to create a stronger measure of moral courage.

Fourth, there is also a dearth of research on bystander intervention. This becomes especially clear when trying to differentiate between direct and indirect bystander intervention. These two constructs behaved differently regarding empathy in the present

study and need to be studied separately in future studies to best determine how to use bystander intervention to slow and eventually stop bullying on college campuses.

Fifth, greater knowledge of what types of interventions are effective on a college campus will be helpful in creating a curriculum and interventions to help students learn to intervene in a safe, healthy way. This requires a deeper understanding of the experiences of bullied victims. A qualitative study with bullied students would add to the depth of understanding of how bullying changes from high school to college.

Implications for Practice

The aim of this study was to better understand bullying in college and find a way to halt bullying behavior through bystander intervention. I suggest six implications for practice. The first step is to raise awareness of bullying and the impact of bystander intervention on campus. The School of Undergraduate Studies (UGS) has freshmen and first year transfer students divided into groups such as First-year Interest Groups (FIGs) and Transfer-year Interest Groups (TRIGs), depending on the student's financial situation, desired degree, or other program involvement. Often, participants in these groups are at-risk individuals who may be more likely to be bullied. Because of the opportunity for guest speakers and regular meetings held between these students and their mentors, this could be a place for students to learn about bystander intervention and how to advocate for others and themselves.

A second possible implication is making bullying/bystander intervention a flag required in a class like the flags of math, writing, ethics, etcetera. Perhaps a few required

courses could include a component of teaching bullying prevention at the undergraduate level.

A third possible implication for practice could be discussions of values and morality. Moral courage is dependent upon a set of personal core beliefs. If a person is not valued due to their ethnicity, gender, sexual orientation, or other characteristic, even if an observer has strong moral courage, the observer is less likely to engage in bystander intervention (Baumert, Halmburger, & Schmitt, 2013). Therefore, I think conversations in small groups of 20 or less, if possible, should meet and discuss what and who they value and why. The conversation should be led by an individual capable of diffusing anger or other difficult emotions that may come up. Also, the conversation should occur at least monthly to discuss changes in perception or a lack of change.

College is the time when many individuals learn to think critically. Being away from home or even reaching a point where students are capable of independent thinking and shedding prejudices that they have learned from their home and family could be conducive to cultivating positive values that will increase students' value of others.

A fourth practice implication is to consider the other part of moral courage: courage. Some people are more naturally inclined to have courage, but others struggle. One way to increase courage may be to increase self-efficacy. The Franklin et al. (2017) study demonstrated that participants with higher self-efficacy in protection were more likely to intervene. Therefore, perhaps providing classes for students to learn self-defense techniques would be useful. Also providing students with a safe place where students are protected by staff who do not allow aggressive behavior in the room such as the

Multicultural Engagement Center in the SAC could increase self-efficacy in social interactions. A sense of safety on campus along with a sense of belonging could boost the self-efficacy of many students.

A fifth implication for practice is getting students acquainted with and using the vast resources on campus. UT has many organizations, but the organizations can be some of the most difficult places to avoid bullying and feel accepted. There are many resources for students, and I imagine many students are unaware of the services. There is even a Bystander Intervention Program of which I was unaware until last year. Unfortunately, some programs are understaffed or sometimes underutilized because students are not aware of them.

A sixth potential implication for practice is helping students develop stronger empathy. Empathy is positively correlated with bystander intervention, and increasing levels of student empathy would likely increase prosocial behavior. Perhaps examining vignettes followed by a discussion could prompt students to consider others and their needs.

Conclusion

The overall aim of the current study was to better understand bullying in college and find a way to halt bullying behavior through bystander intervention. The major constructs examined included: empathy, moral courage, indirect bystander intervention, and direct bystander intervention.

The present study contributes to the literature in several ways. This is the first study to my knowledge that measured the effects of empathy and moral courage on bystander

intervention. Empathy and moral courage are malleable attributes that are strongly and positively correlated with intended bystander intervention. In addition, this study has added to the small body of knowledge about moral courage. The relation between moral courage and direct bystander intervention is especially interesting because it provides further support for the importance of risk in the conceptual framework of moral courage.

The present study also is one of few to my knowledge to examine indirect bystander intervention and direct bystander intervention separately. The results of the regression models demonstrate how differently empathy interacts with the different types of bystander intervention, especially when considering the subscales of empathy.

Finally, this study adds to the small body of knowledge on bullying in college, and is one of few studies to my knowledge that examines this phenomenon. The more researchers are aware of how and where bullying appears on college campuses, the better the scientific community will be able to address this serious issue.

Appendices

The following appendices contain the study scales:

Appendix A – Bullying Measures: Bullying Experiences Scale & Bullying Observation Scale

Appendix B – Bystander Intervention Measure: Adapted from Courage Scale (Woodard & Pury, 2007)

Appendix C – Empathy Scale: Interpersonal Reactivity Index
(IRI: Davis, 1979)

Appendix D – Moral Courage Measures: Moral Courage Questionnaire & Moral Courage Vignettes

Appendix E – Self-Esteem: Rosenberg Self Esteem Scale (RSES; Rosenberg, 1965)

Appendix F – Social Desirability: Shortened Version of Paulhus' BIDR scale (Boggio & Manganelli, 2011)

Appendix G – Bullying History: Measure of Bullying History Experienced and Observed

Appendix H – Demographics

APPENDIX A – BULLYING MEASURES

Bullying Experience

Survey Instructions: Please rate the frequency with which you have EXPERIENCED the following situations since you began attending college.

1-----2-----3-----4-----5-----6-----7-----8

Never	Once	A few times	Several times	Once or Twice a month	Once a week	Several times a week	Daily
-------	------	----------------	------------------	-----------------------------	----------------	----------------------------	-------

1. A fellow college student pushed or shoved me.
2. A fellow college student teased me.
3. A fellow college student got friends to turn against me.
4. A fellow college student picked on me by swearing at me.
5. A fellow college student started a malicious rumor about me.
6. A fellow college student physically harmed me.
7. I was humiliated by another college student.
8. A fellow college student harmed me sexually.
9. A college student told another me my life was meaningless or pointless.
10. Some college students purposefully left me out of a social event (going to a party, dinner with friends, going to a club or bar, etc.).
11. A fellow college student made fun of me because of my physical appearance.
12. A fellow college student promised another me entry into a club or organization for personal or sexual favors (doing homework, giving money, humiliation, etc.).
13. A professor or staff member was physically aggressive to me.
14. A professor or staff member was verbally aggressive to me.
15. A professor or TA gave me a lower grade than I deserved on purpose.
16. A professor or staff member was sexually inappropriate with me.
17. A professor promised to give me a higher grade than I earned if I would give the professor money or gifts.
18. A professor promised to give me a higher grade than I earned if I would perform sexual favors for him/her.
19. A fellow college student sent me a malicious email.
20. A fellow college student sent me a malicious text or snapchat.
21. A fellow college student posted a malicious comment or post on my social media (YouTube, Facebook, Twitter, Instagram, etc.).
22. A fellow college student was malicious towards me in a video game.

Do you believe you have been bullied in college? Yes/No

If yes, please describe what happened when you were bullied. Include any instances you feel comfortable sharing.

Bullying Observation

Survey Instructions: Please rate the frequency with which you have OBSERVED the following situations since you began attending college.

1-----2-----3-----4-----5-----6-----7-----8

Never	Once	A few times	Several times	Once or Twice a month	Once a week	Several times a week	Daily
-------	------	----------------	------------------	-----------------------------	----------------	----------------------------	-------

1. A college student pushed or shoved another college student.
2. A college student teased another college student.
3. A college student got friends to turn against another college student.
4. A college student picked on another college student by swearing at them.
5. A college student started a malicious rumor about another college student.
6. A college student physically harmed another college student.
7. A college student was humiliated by another college student.
8. A college student harmed another college student sexually.
9. A college student told another college student's his/her life was meaningless or pointless.
10. Some college students purposefully left another college student out of a social event (going to a party, dinner with friends, going to a club or bar, etc.).
11. One college student made fun of another college student because of his/her physical appearance (called them ugly, fat, made fun of their clothes, etc.).
12. A college student promised another college student entry into a club or organization for personal or sexual favors (doing homework, giving money, humiliation, etc.).
13. A professor or staff member was physically aggressive with a college student.
14. A professor or staff member was verbally aggressive with a college student.
15. A professor or TA gave a student a lower grade than the student deserved on purpose.
16. A professor or staff member was sexually inappropriate with a college student.
17. A professor promised to give a college student a higher grade than earned if the college student would give the professor money or gifts.
18. A professor promised to give a college student a higher grade than earned if the college student would perform sexual favors for the professor.
19. A college student sent a malicious email to another college student.
20. A college student sent a malicious text or snapchat to another college student.
21. A college student posted a malicious comment or post on the social media of another college student (YouTube, Facebook, Twitter, Instagram, etcetera).
22. A fellow college student was malicious to another college student in a video game.

APPENDIX B – BYSTANDER INTERVENTION MEASURE

Bystander Intervention

Survey Instructions: How likely are you to intervene to help the victim in the following situations?

1-----2-----3-----4-----5

Very Unlikely	Unlikely	Neutral	Likely	Very Likely
------------------	----------	---------	--------	----------------

(1 = Very unlikely; 2 = Unlikely; 3 = Neutral; 4 = Likely; 5 = Very Likely)

1. One of your friends tries to isolate another friend from your social group. How likely are you to stop the isolation by talking with other friends or someone in authority?
2. One of your friends tries to isolate another friend from your social group. How likely are you to directly confront the friend who is isolating the other student?
3. Your professor yells at another student almost daily. How likely are you to go to someone in power, such as a dean or another professor, to try to get the professor to stop mistreating that student?
4. Your professor yells at another student almost daily. How likely are you to personally confront the professor about his/her behavior?
5. Two of your friends spread a rumor that another friend is mentally ill. How likely are you to stop this rumor by talking with other friends or to someone in authority?
6. Two of your friends spread a rumor that another friend is mentally ill. How likely are you to directly confront your two friends who are spreading the rumor?
7. A young woman walking alone on campus is assaulted by two violent men about a block away from you. How likely are you to call campus police, 911, or another source of help for the woman?
8. A young woman walking alone on campus is assaulted by two violent men about a block away from you. How likely are you to directly confront the two violent men?
9. At the zoo, a man brutally slaps his three-year old son in the face. How likely are you to call the police, dial 911, call Child Protective Services, or contact another authority figure to help the child?
10. At the zoo, a man brutally slaps his three-year old son in the face. How likely are you to personally confront the man about his behavior?
11. You hear that a relative, whom you like, has sexually abused his son. How likely are you to call 911, the police, Child Protective Services, or some other authority figures to protect the child?

12. You hear that a relative, whom you like, has sexually abused his son. How likely are you to directly confront your relative about sexually abusing his son?
13. Sitting on the steps on the main building on campus, 3-4 women curse and yell at fellow students that walk by, making fun of the students' weight, clothes, and general appearance. How likely are you to go find a staff member nearby or call the campus police to stop the abusive women?
14. Sitting on the steps on the main building on campus, 3-4 women curse and yell at fellow students that walk by, making fun of the students' weight, clothes, and general appearance. How likely are you to directly confront the abusive women yourself?
15. A disabled person is using crutches to walk across campus. He is moving very slowly because of his disability. A group of 5-6 other students are throwing leftover food and balled up papers at him and are teasing him about being so slow. How likely are you to call campus police, ask for help from fellow students, or find a faculty member to stop the aggression against the disabled person?
16. A disabled person is using crutches to walk across campus. He is moving very slowly because of his disability. A group of 5-6 other students are throwing leftover food and balled up papers at him and are teasing him about being so slow. How likely are you to directly confront the group of students yourself?
17. You learn that your roommate (or a close friend if you live alone) is being physically abused by his/her romantic partner. How likely are you to contact authorities such as the police, campus police, or another authority figure to stop the abuse?
18. You learn that your roommate (or a close friend if you live alone) is being physically abused by his/her romantic partner. How likely are you to directly confront the abuser?
19. As you are leaving class, you overhear a classmate threaten to stab another classmate for "stealing his girlfriend." How likely are you to report this to the professor, campus police, call 911, or contact another organization on campus to help the classmate?
20. As you are leaving class, you overhear a classmate threaten to stab another classmate for "stealing his girlfriend." How likely are you to personally confront the classmate who is threatening the other classmate?

Appendix C – Empathy Scale

Interpersonal Reactivity Index (IRI; Davis, 1979)

Survey Instructions: Indicate for each question how well the item describes you

1-----2-----3-----4-----5

Not Like Me at All	Not Much Like Me	Neutral	Somewhat Like Me	A Lot Like Me
-----------------------	------------------------	---------	---------------------	------------------

Fantasy Scale

1. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.
2. I really get involved with the feelings of the characters in a novel.
3. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it. (-)
4. After seeing a play or movie, I have felt as though I were one of the characters.
5. I daydream and fantasize, with some regularity, about things that might happen to me.
6. Becoming extremely involved in a good book or movie is somewhat rare for me. (-)
7. When I watch a good movie, I can very easily put myself in the place of a leading character.

Perspective-taking Scale

8. Before criticizing somebody, I try to imagine how I would feel if I were in their place.
9. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments. (-)
10. I sometimes try to understand my friends better by imagining how things look from their perspective.
11. I believe that there are two sides to every question and try to look at them both.
12. I sometimes find it difficult to see things from the "other guy's" point of view. (-)
13. I try to look at everybody's side of a disagreement before I make a decision.
14. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.

Empathic Concern Scale

15. When I see someone being taken advantage of, I feel kind of protective towards them.
16. When I see someone being treated unfairly, I sometimes don't feel very much pity for them. (-)
17. I often have tender, concerned feelings for people less fortunate than me.
18. I would describe myself as a pretty soft-hearted person.
19. Sometimes I don't feel very sorry for other people when they are having problems. (-)

- 20. Other people's misfortunes do not usually disturb me a great deal. (-)
- 21. I am often quite touched by things that I see happen

Personal Distress Scale

- 22. When I see someone who badly needs help in an emergency, I go to pieces.
- 23. I sometimes feel helpless when I am in the middle of a very emotional situation.
- 24. In emergency situations, I feel apprehensive and ill- at - ease.
- 25. I am usually pretty effective in dealing with emergencies. (-)
- 26. Being in a tense emotional situation scares me.
- 27. When I see someone get hurt, I tend to remain calm. (-)
- 28. I tend to lose control during emergencies.

Appendix D – Moral Courage Measures

Moral Courage Questionnaire

Survey Instructions: To what extent do you agree or disagree with following statements?

1-----2-----3-----4-----5

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
----------------------	----------	---------	-------	-------------------

- 1) I would accept an important project at my place of employment even though it would bring intense public criticism and publicity.
- 2) If it looked like someone would get badly hurt, I would intervene directly in a dangerous domestic dispute.
- 3) If called upon during times of national emergency, I would give my life for my country.
- 4) I am able to participate in intense conflict in a work environment for the right cause.
- 5) I would risk my life if it meant lasting world peace.
- 6) Intense social pressure would not stop me from doing the right thing.
- 7) I would refuse the order of a commanding officer if it meant hurting someone needlessly.
- 8) I could do without the absolute necessities of life if there were others in greater need.
- 9) I would confront a parent abusing his or her child in public.
- 10) I would walk across a dangerously high bridge to continue on an important journey.
- 11) I would endure physical pain for my religious or moral beliefs.
- 12) I would go where I wanted to go and do what I wanted to do, even though I might be bullied as an ethnic minority.
- 13) I would undergo physical pain and torture rather than tell political secrets.
- 14) I could work under the stress of an emergency room if needed.
- 15) I would return into a burning building to save a family pet I loved dearly.
- 16) I would have hidden Jewish friends during the time of the Holocaust.

Moral Courage Vignettes

Survey Instructions: Please rate the likelihood of you engaging in the following behaviors.

1-----2-----3-----4-----5

Very Unlikely	Unlikely	Neutral	Likely	Very Likely
------------------	----------	---------	--------	----------------

1. A professor, mentor, or teacher's aide makes sexually inappropriate comments to you and a group of fellow students. How likely are you to personally confront or report the staff member to an authority figure?
2. In a local bar, four drunk and aggressive men are loudly discussing a sexual assault one of the men committed against a woman. The men are stating that the woman should not have been dressed that way if she didn't want to be assaulted. How likely are you to confront the men or report them to a police officer/bouncer/bartender or another authority figure?
3. In a study group with friends, one of your friends says that all homosexuals are horrible people. How likely are you to openly state that your friend is incorrect?
4. You are with a group of friends on the drag at UT. There is an injured homeless man asking for spare change. Your friends start throwing things at and making fun of the homeless man. How likely are you to tell or request that your friends stop?

Appendix E – Self-Esteem

Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965)

Survey Instructions: To what extent do the following statements apply to you?

1-----2-----3-----4-----5

Applies not at all	Does not really apply	Partly	Rather applies	Applies completely
-----------------------	-----------------------------	--------	-------------------	-----------------------

1. On the whole, I am satisfied with myself. (P)
2. At times, I think I am no good at all. (N)
3. I feel that I have a number of good qualities. (P)
4. I am able to do things as well as most other people. (P)
5. I feel I do not have much to be proud of. (N)
6. I certainly feel useless at times. (N)
7. I feel that I'm a person of worth, at least on an equal plane with others. (P)
8. I wish I could have more respect for myself. (N)
9. All in all, I am inclined to feel that I am a failure. (N)
10. I take a positive attitude toward myself. (P)

Scoring Instructions: (P) denotes a positively worded item. (N) denotes a negatively worded item. Most measure scores increase as the level of the construct increases. The opposite is true of the RSES (i.e. a low score on the RSES indicates high self-esteem). To make the RSES behave like the other measures in this study, I reversed the scoring so that a high score on the RSES indicated higher self-esteem and a low score indicated lower self-esteem.

Appendix F – Social Desirability Scale

(Paulhus BIDR Shortened form; Bobbio & Manganelli, 2011)

Survey Instructions: Using the scale below as a guide, click on a number beside each statement to indicate how much you agree with it.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
NOT TRUE SOMEWHAT TRUE VERY TRUE

- 4. I have not always been honest with myself.
- 5. I always know why I like things.
- 10. It's hard for me to shut off a disturbing thought.
- 11. I never regret my decisions.
- 12. I sometimes lose out on things because I can't make up my mind soon enough.
- 15. I am a completely rational person.
- 17. I am very confident of my judgements.
- 18. I have sometimes doubted my ability as a lover.
- 21. I sometimes tell lies if I have to.
- 22. I never cover up my mistakes.
- 23. There have been occasions when I have taken advantage of someone.
- 25. I sometimes try to get even rather than forgive and forget.
- 27. I have said something bad about a friend behind his or her back.
- 28. When I hear people talking privately, I avoid listening.
- 36. I never take things that don't belong to me.
- 40. I don't gossip about other people's business.

Appendix G

Bullying History: Bullying Experienced and Observed

Bullying Experienced:

Survey Instructions: Please use this scale to describe how often you experienced the following:

1-----2-----3-----4-----5-----6-----7-----8

Never	Once	A few times	Several times	Once or Twice a month	Once a week	Several times a week	Daily
-------	------	----------------	------------------	-----------------------------	----------------	----------------------------	-------

1. I was physically harmed at school in elementary school.
2. I was verbally harmed at school in elementary school.
3. I was socially excluded or humiliated at school in elementary school.
4. Someone put malicious posts on my social media or sent me malicious messages by phone in elementary school.
5. I was physically harmed at school in middle school.
6. I was verbally harmed at school in middle school.
7. I was socially excluded or humiliated at school in middle school.
8. Someone put malicious posts on my social media or sent me malicious messages by phone in middle school.
9. I was physically harmed at school in high school.
10. I was verbally harmed at school in high school.
11. I was socially excluded or humiliated at school in high school.
12. Someone put malicious posts on my social media or sent me malicious messages by phone in high school.

Bullying Observed:

Survey Instructions: Please use this scale to describe how often you observed the following:

1-----2-----3-----4-----5-----6-----7-----8

Never	Once	A few times	Several times	Once or Twice a month	Once a week	Several times a week	Daily
-------	------	----------------	------------------	-----------------------------	----------------	----------------------------	-------

1. I observed another student being physically, verbally, socially, or cyber-bullied in elementary school.
2. I observed another student being physically, verbally, socially, or cyber-bullied in middle school.
3. I observed another student being physically, verbally, socially, or cyber-bullied in high school.

Appendix H

Demographics

Survey Instructions: Read the items below and select the letter that best describes you or type in the information that reflects you.

1. Your class standing can be best described as:
 - a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior
 - e. Graduate student
 - f. Other (Please Specify) _____
2. Are you an International Student?
 - a. Yes (please specify country) _____
 - b. No
3. Which of the following best describes your race/ethnicity?
 - a. African-American/Black (please specify ethnic group if applicable) _____
 - b. Hispanic-American/Latino/Chicano (please specify ethnic group if applicable) _____
 - c. Native-American (please specify ethnic group if applicable) _____
 - d. Asian-American (please specify ethnic group if applicable) _____
 - e. Caucasian/ European-American (please specify ethnic group if applicable) _____
 - f. Middle Eastern/Arab American (please specify ethnic group if applicable) _____
 - g. Multiracial (Please specify) _____
 - h. Other (please specify) _____
4. Sex
 - a. male
 - b. female
 - c. other _____
5. Age _____
6. What do you consider your socioeconomic status to be?
 - a. Working class

- b. Middle class
 - c. Upper middle class
 - d. Upper class
 - e. Other _____
-

7. The highest number (10) represent the people who are the best off, those who have the most money, most education, and best jobs. At the bottom (1) are the people who are the worst off, those who have the least money, least education, and worst jobs or no job. Circle the number that best reflects your situation.

Lowest 1 2 3 4 5 6 7 8 9 10 highest

8. What is the highest educational level your mother completed? _____
9. What is your mother's occupation? _____
10. What is your mother's yearly income? _____
11. What is the highest educational level your father completed? _____
12. What is your father's occupation? _____
13. What is your father's yearly income? _____
14. What is your college cumulative GPA? _____
15. Do you belong to a sorority or a fraternity? _____
16. Do you belong to any large, campus-based social groups (band, athletics, clubs, etc.)? _____
17. Sexual Orientation
- a. Straight/Heterosexual
 - b. Gay or Lesbian
 - c. Bisexual
 - d. Questioning
 - e. Other _____

18. Residence

- a. Residence Hall/Dormitory
- b. Fraternity/Sorority
- c. On-Campus apartment
- d. Off-Campus apartment/house
- e. With partner/spouse
- f. With parents
- g. Other_____

19. What is your current relationship status?

- a. Single, no partner
- b. Dating casually
- c. Dating seriously
- d. In a married or committed relationship
- e. Divorced
- f. Other_____

20. What is your religious affiliation?

- 1. Christianity (e.g., Catholic, Orthodox, Baptist, Protestant, etc.)(Please specify denomination)

- 2. Islam
- 3. Judaism
- 4. Buddhism
- 5. Hinduism
- 6. Non-religious/secular
- 7. Agnostic
- 8. Atheist
- 9. Other (please specify)_____

References

- Aaltola, E. (2014). Varieties of empathy and moral agency. *Topoi*, 33(1), 243–253.
- Abbott, N., & Cameron, L. (2014). What makes a young assertive bystander? The effect of intergroup contact, empathy, cultural openness, and in-group bias on assertive bystander intervention intentions. *Journal of Social Issues*, 70(1), 167–182.
- Acun-Kapikiran, N. (2011). Focus on positive and negative information as the mediator of the relationship between empathy tendency guilty and psychological well-being in university students. *Educational Sciences: Theory & Practice*, 11(3), 1141–1147.
- Ahmed, E., & Braithwaite, V. (2004). "What, me ashamed?" Shame management and school bullying. *Journal of Research in Crime and Delinquency*, 41(3), 269–294.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211.
- Atik, G., & Güneri, O. Y. (2013). Bullying and victimization: Predictive role of individual, parental, and academic factors. *School Psychology International*, 34(6), 658–673.
- Awad, G. H., Cokley, K., & Ravitch, J. (2005). Attitudes toward affirmative action: A comparison of color-blind versus modern racist attitudes. *Journal of Applied Social Psychology*, 35(7), 1384–1399.
- Anonymous. (2014, January 6). Her Story: I Was Bullied in College. Retrieved from <https://www.hercampus.com/lifestyle/her-story-i-was-bullied-college>
- Banyard, V., Weber, M. C., Grych, J., & Hamby, S. (2016). Where are the helpful bystanders? Ecological niche and victims' perceptions of bystander intervention. *Journal of Community Psychology*, 44(2), 214–231.
- Barrett, T., & Naughton, C. (2015). Problem-based learning: An integrative approach to the cultivation of person-centeredness, empathy and compassion. In D. Blackshields, J. Cronin, B. Higgs, S. Kilcommins, M. McCarthy, A. Ryan, ... A. Ryan (Eds.), *Integrative learning: International research and practice* (pp. 43–57). New York, NY, US: Routledge/Taylor & Francis Group.
- Basil, D. Z., Ridgway, N. M., & Basil, M. D. (2008). Guilt and giving: A process model of empathy and efficacy. *Psychology & Marketing*, 25(1), 1–23.
- Batson, C. D., Batson, J. G., Griffitt, C. A., Barrientos, S., Brandt, J. R., Sprengelmeyer, P., & Bayly, M. J. (1989). Negative-state relief and the empathy-altruism hypothesis. *Journal of Personality & Social Psychology*, 56(6), 922–933.

- Batson, C. D., Eklund, J. H., Chermok, V. L., Hoyt, J. L., & Ortiz, B. G. (2007). An additional antecedent of empathic concern: Valuing the welfare of the person in need. *Journal of Personality and Social Psychology*, 93(1), 65–74.
- Batson, C. D., Lishner, D. A., & Stocks, E. L. (2015). The empathy—Altruism hypothesis. In D. A. Schroeder & W. G. Graziano (Eds.), *The Oxford handbook of prosocial behavior*. (pp. 259–281). New York, NY: Oxford University Press.
- Batson, C. D., Turk, C. L., Shaw, L. L., & Klein, T. R. (1995). Information function of empathic emotion: Learning that we value the other’s welfare. *Journal of Personality and Social Psychology*, 68, 300-313.
- Baumeister, R. F., Smart, L., & Boden, J. M. (1996). Relation of threatened egotism to violence and aggression: The dark side of high self-esteem. *Psychological Review*, 103(1), 5–33.
- Baumert, A., Halmburger, A., & Schmitt, M. (2013). Interventions against norm violations: Dispositional determinants of self-reported and real moral courage. *Personality & Social Psychology Bulletin*, 39(8), 1053–1068.
- Blascovich, J. and Tomaka, J. (1991) Measures of self-esteem. *Measures of Personality and Social Psychological Attitudes*, 1, 115-160.
- Bick, J., Palmwood, E. N., Zajac, L., Simons, R., & Dozier, M. (2019). Early parenting intervention and adverse family environments affect neural function in middle childhood. *Biological Psychiatry*, 85(4), 326–335.
- Bird, G., & Viding, E. (2014). The self to other model of empathy: Providing a new framework for understanding empathy impairments in psychopathy, autism, and alexithymia. *Neuroscience & Biobehavioral Reviews*, (47)520-532.
- Bloom, P. 2013, "The Baby in the Well: The case against empathy," *The New Yorker*, May 20, 2013, pp. 118-121.
- Bobbio, A. & Manganello, A.M. (2011). Measuring social desirability responding: A short version of Paulhus’ BIDR 6. *TPM-Testing, Psychometrics, Methodology in Applied Psychology*, 18(2), 117-135.
- Bondü, R., Rothmund, T., & Gollwitzer, M. (2016). Mutual long-term effects of school bullying, victimization, and justice sensitivity in adolescents. *Journal of Adolescence*, 48, 62–72.

- Bouman, T., van der Meulen, M., Goossens, F. A. ., Olthof, T., Vermande, M. M. ., & Aleva, E. A. . (2012). Peer and self-reports of victimization and bullying: Their differential association with internalizing problems and social adjustment. *Journal of School Psychology, 50*(6), 759–774.
- Čehajić-Clancy, S., & Brown, R. (2014). “The burden of our times”: Antecedents of group-based guilt and shame. *Peace and Conflict: Journal of Peace Psychology, 20*(2), 166–170.
- Chikovani, G., Babuadze, L., Iashvili, N., Gvalia, T., & Surguladze, S. (2015). Empathy costs: Negative emotional bias in high empathisers. *Psychiatry Research, 229*(1/2), 340–346.
- Cialdini, R. B., Schaller, M., Houlihan, D., Arps, K., Fultz, J., & Beaman, A. L. (1987). Empathy-based helping: Is it selflessly or selfishly motivated? *Journal of Personality & Social Psychology, 52*(4), 749–758.
- Coker, A. L., Bush, H. M., Cook-Craig, P. G., DeGue, S. A., Clear, E. R., Brancato, C. J., ... Recktenwald, E. A. (2017). RCT testing bystander effectiveness to reduce violence. *American Journal of Preventive Medicine, 52*(5), 566–578.
- Connell, N. M., Schell-Busey, N. M., & Hernandez, R. (2019). Experiences versus perceptions: Do students agree that they have been bullied? *Youth & Society, 51*(3), 394–416.
- Darley, J. M., & Latane, B. (1968). Bystander intervention in emergencies: Diffusion of responsibility. *Journal of Personality and Social Psychology, 8*(4, Pt.1), 377–383.
- Decety, J., & Batson, C. D. (2007). Social neuroscience approaches to interpersonal sensitivity. *Social Neuroscience, 2*(3/4), 151–157.
- Decety, J., & Lamm, C. (2006). Human empathy through the lens of social neuroscience. *The Scientific World Journal, 6*, 1146–1163.
- Decety, J., & Michalska, K. J. (2010). Neurodevelopmental changes in the circuits underlying empathy and sympathy from childhood to adulthood. *Developmental Science, 13*(6), 886–899.
- Decety, J., Michalska, K. J., & Akitsuki, Y. (2008). Who caused the pain? An fMRI investigation of empathy and intentionality in children. *Neuropsychologia, 46*(11), 2607–2614.
- Decety, J. & Jackson, P. (2004). The functional architecture of human empathy. *Behavior and Cognitive Neuroscience Reviews, 3*(2), 71–100.

- de Waal, F. B. M. (2009). Putting altruism back into altruism: The evolution of empathy. *Annual Review of Psychology*, 59, 279–300.
- de Waal, F. B. M., & Preston, S. D. (2017). Mammalian empathy: Behavioural manifestations and neural basis. *Nature Reviews. Neuroscience*, 18(8), 498–509.
- del Barrio, V., Aluja, A., & García, L. F. (2004). Relationship between empathy and the Big Five personality traits in a sample of Spanish adolescents. *Social Behavior & Personality: An International Journal*, 32(7), 677–682.
- DeNigris, D., Brooks, P. J., Obeid, R., Alarcon, M., Shane-Simpson, C., & Gillespie-Lynch, K. (2018). Bullying and identity development: Insights from autistic and non-autistic college students. *Journal of Autism and Developmental Disorders*, 48(3), 666–678.
- Denny, S., Peterson, E. R., Stuart, J., Utter, J., Bullen, P., Fleming, T., ... Milfont, T. (2015). Bystander intervention, bullying, and victimization: A multilevel analysis of New Zealand high schools. *Journal of School Violence*, 14(3), 245–272.
- Dessel, A. B., Goodman, K. D., & Woodford, M. R. (2017). LGBT discrimination on campus and heterosexual bystanders: Understanding intentions to intervene. *Journal of Diversity in Higher Education*, 10(2), 101–116.
- DiFranzo, D., Taylor, S., Kazerooni, F., Wherry, O., & Bazarova, N. (2019). Upstanding by design: bystander intervention in cyberbullying. CHI 2018, April 21–26, 2018, Montréal, QC, Canada. ACM, New York, NY, USA, p 1-12.
- Eisenberg, N. (1991). Values, sympathy, and individual differences: Toward a pluralism of factors influencing altruism and empathy. *Psychological Inquiry*, 2(2), 128.
- Eisenberg, N., & Strayer, J. (1987). Critical issues in the study of empathy. In N. Eisenberg & J. Strayer (Eds.), *Empathy and its development* (pp. 3-13). Cambridge, England: Cambridge University Press.
- Espelage, D. L. (2014). Ecological theory: Preventing youth bullying, aggression, and victimization. *Theory into Practice*, 53(4), 257-264.
- Evans, C., & Smokowski, P. (2015). Prosocial bystander behavior in bullying dynamics: Assessing the impact of social capital. *Journal of Youth & Adolescence*, 44(12), 2289–2307.

- Ferrari, P. F., Paukner, A., Ionica, C., & Suomi, S. J. (2009). Reciprocal face-to-face communication between Rhesus Macaque mothers and their newborn infants. *Current Biology*, 19(20), 1768–1772.
- Finlay, G. (2018). Interaction between genes and the relational environment during development of the social brain. *Science & Christian Belief*, 30(2), 102–115.
- Fischer, P., Krueger, J. I., Greitemeyer, T., Vogrincic, C., Kastenmüller, A., Frey, D., Heene, M., Wicher, M., & Kainbacher, M. (2011). The bystander-effect: A meta-analytic review on bystander intervention in dangerous and non-dangerous emergencies. *Psychological Bulletin*, 137(4), 517–537.
- Fischer, P., Greitemeyer, T., Pollozek, F., & Frey, D. (2006). The unresponsive bystander: Are bystanders more responsive in dangerous emergencies? *European Journal of Social Psychology*, 36(2), 267–278.
- Franco, Z. E., Blau, K., & Zimbardo, P. G. (2011). Heroism: A conceptual analysis and differentiation between heroic action and altruism. *Review of General Psychology*, 15(2), 99–113.
- Frank, D. B. (2013). A principal reflects on shame and school bullying. *Psychoanalytic Inquiry*, 33(2), 174–180.
- Franklin, C. A., Brady, P. Q. ., & Jurek, A. L. . (2017). Responding to gendered violence among college students: The impact of participant characteristics on direct bystander intervention behavior. *Journal of School Violence*, 16(2), 189–206.
- Fraser, S., & Strayer, J. (1997). Guilt and shame in middle childhood: Relationships with empathic responsiveness.
- Freidin, E., Carballo, F., & Bentosela, M. (2017). Direct reciprocity in animals: The roles of bonding and affective processes. *International Journal of Psychology*, 52(2), 163–170.
- Frick, P. J., & Ray, J. V. (2015). Evaluating callous-unemotional traits as a personality construct. *Journal of Personality*, 83(6), 710–722.
- Frick, P. J., Ray, J. V., Thornton, L. C., & Kahn, R. E. (2014). Annual research review: A developmental psychopathology approach to understanding callous-unemotional traits in children and adolescents with serious conduct problems. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 55(6), 532–548.
- Fuchsman, K. (2015). Empathy and humanity. *The Journal of Psychohistory*, 42(3), 176–187.

- Fulton, C. L., & Cashwell, C. S. (2015). Mindfulness-based awareness and compassion: Predictors of counselor empathy and anxiety. *Counselor Education and Supervision*, 54(2), 122-133.
- Fultz, J., Batson, C. D., Fortenbach, V. A., McCarthy, P. M., & Varney, L. L. (1986). Social evaluation and the empathy -- altruism hypothesis. *Journal of Personality & Social Psychology*, 50(4), 761–769.
- Garandeau, C. F., Vartio, A., Poskiparta, E., & Salmivalli, C. (2016). School bullies' intention to change behavior following teacher interventions: Effects of empathy arousal, condemning of bullying, and blaming of the perpetrator. *Prevention Science*, 17(8), 1034-1043.
- Geangu, E. (2009). Empathy development—Insights from early years. Introduction to the special issue. *Cognition, Brain, Behavior: An Interdisciplinary Journal*, 13(4), 363-366.
- Gerdes, K. E. (2011). Empathy, sympathy, and pity: 21st-century definitions and implications for practice and research. *Journal of Social Service Research*, 37(3), 230–241.
- Gerdes, K. E., Lietz, C. A., & Segal, E. A. (2011). Measuring empathy in the 21st century: Development of an empathy index rooted in social cognitive neuroscience and social justice. *Social Work Research*, 35(2), 83-93.
- Ghorbani, N., Watson, P. J., Lotfi, S., & Chen, Z. (2015). Moral affects, empathy, and integrative self-knowledge in Iran. *Imagination, Cognition and Personality*, 34(1), 39-56.
- Gilbert, P., & Irons, C. (2009). Shame, self-criticism and self-compassion in adolescence. *Adolescent emotional development and the emergence of depressive disorders*, 195-214.
- Gilbert, P., McEwan, K., Catarino, F., Baião, R., & Palmeira, L. (2014). Fears of happiness and compassion in relationship with depression, alexithymia, and attachment security in a depressed sample. *The British Journal of Clinical Psychology / The British Psychological Society*, 53(2), 228-244.
- Goetz, J. L., Keltner, D., & Simon-Thomas, E. (2010). Compassion: An evolutionary analysis and empirical review. *Psychological Bulletin*, 136(3), 351–374.

- Goldweber, A., Waasdorp, T., & Bradshaw, C. (2013). Examining associations between race, urbanicity, and patterns of bullying involvement. *Journal of Youth & Adolescence*, 42(2), 206–219.
- Goud, N. H. (2005). Courage: Its nature and development. *Journal of Humanistic Counseling, Education & Development*, 44(1), 102–116.
- Grant, D. E. (2011). Empathy in psychoanalytic theory and practice. *Psychoanalytic Inquiry*, 31(1), 3-16.
- Green, B. (2018). A qualitative investigation of bullying of individuals with disabilities on a college campus. *Journal of Postsecondary Education and Disability*, 31(2), 135–147.
- Greener, M. (2016). Understanding the long-term effects of bullying. *British Journal of School Nursing*, 11(1), 36–39.
- Greimel, E., Schulte-Rüther, M., Fink, G. R., Piefke, M., Herpertz-Dahlmann, B., & Konrad, K. (2010). Development of neural correlates of empathy from childhood to early adulthood: An fMRI study in boys and adult men. *Journal of Neural Transmission*, 117(6), 781–791.
- Greitemeyer, T., Osswald, S., Fischer, P., & Frey, D. (2007). Civil courage: Implicit theories, related concepts, and measurement. *The Journal of Positive Psychology*, 2(2), 115–119.
- Hamburger, M.E., Basile, K.C., Vivolo, A.M. (2011). Measuring bullying victimization, perpetration, and bystander experiences: A compendium of assessment tools. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Harrington, S., & Rayner, C. (2010). Look before you leap or dive right in? The use of moral courage in response to workplace bullying. In P. A. Linley, S. Harrington, & N. Garcea (Eds.), *Oxford handbook of positive psychology and work*. (pp. 265–276). New York, NY: Oxford University Press.
- Harris, J. (2007). The evolutionary neurobiology, emergence and facilitation of empathy. In T. Farrow & P. Woodruff (eds.) *Empathy in Mental Illness*. United Kingdom: University Press, Cambridge.
- Hart, C. M., Ritchie, T. D., Hepper, E. G., & Gebauer, J. E. (2015). The Balanced Inventory of Desirable Responding Short Form (BIDR-16). *SAGE Open*.

- Hartmann, T., Toz, E., & Brandon, M. (2010). Just a game? Unjustified virtual violence produces guilt in empathetic players. *Media Psychology*, 13(4), 339-363.
- Hoffman, M. L. (2001). Toward a comprehensive empathy-based theory of prosocial moral development. In A. C. Bohart, D. J. Stipek, A. C. Bohart, D. J. Stipek (Eds.), *Constructive & destructive behavior: Implications for family, school, & society* (pp. 61-86). Washington, DC, US: American Psychological Association.
- Hrdy, S. B. (2009), *Mothers and Others*. Cambridge: Harvard University Press.
- Hutman, T., & Dapretto, M. (2009). The emergence of empathy during infancy. *Cognition, Creier, Comportament/Cognition, Brain, Behavior*, 13(4), 367-390.
- Hyland, P. Hyland, I., Boduszek, D., Dhingra, K., Shevlin, M., & Egan, A. (2014). A bifactor approach to modelling the Rosenberg Self Esteem Scale. *Personality & Individual Differences*, 66, 188–192.
- Jackson, A. L. (2009). The impact of restorative justice on the development of guilt, shame, and empathy among participants in a victim impact training program. *Victims & Offenders*, 4(1), 1-24.
- Jennifer, D., & Cowie, H. (2012). Listening to children's voices: Moral emotional attributions in relation to primary school bullying. *Emotional & Behavioural Difficulties*, 17(3-4), 229-241.
- Johnston, P., Tankersley, M., Joenson, T., Hupp, M., Buckley, J., Redmond-McGowan, M., ... Walsh, A. (2014). Motivations behind “Bullies Then Offenders” versus “Pure Bullies”: Further suggestions for anti-bully education and practice. *Education*, 134(3), 316–325.
- Joireman, J. (2004). Empathy and the self-absorption paradox II: Self-rumination and self-reflection as mediators between shame, guilt, and empathy. *Self & Identity*, 3(3), 225-238.
- Jones, S. S. (2009). Imitation and empathy in infancy. *Cognition, Creier, Comportament/Cognition, Brain, Behavior*, 13(4), 391-413.
- Kabert, S. (2010). A mixed-methods analysis of the effect of self-esteem on bullying frequency, bullying behaviors, and motivations to bully in adolescence. *ProQuest Dissertations and Theses Full Text*.
- Karanikola, M. N. K., Lyberg, A., Holm, A.-L., & Severinsson, E. (2018). The association between deliberate self-harm and school bullying victimization and the mediating

- effect of depressive symptoms and self-stigma: A systematic review. *BioMed Research International*, 1–36.
- Kastenmueller, A., Greitemeyer, T., Fischer, P., & Frey, D. (2007). Das Münchner ZivilcourageInstrument (MüZI). Entwicklung und Validierung [The Munich civil courage instrument. Development and validation]. *Diagnostica*, 53, 205–217.
- Kaya, A., Le, T. P., Brady, J., & Iwamoto, D. (2020). Men who intervene to prevent sexual assault: A grounded theory study on the role of masculinity in bystander intervention. *Psychology of Men & Masculinities*, 21(3), 463–478.
- Keith, T. Z. (2006). *Multiple regression and beyond*. Pearson Education.
- Kiang, L., Moreno, A. J., & Robinson, J. L. (2004). Maternal preconceptions about parenting predict child temperament, maternal sensitivity, and children's empathy. *Developmental Psychology*, 40(6), 1081–1092.
- Kidder, R. M. (2005). *Moral Courage*. New York, NY: Marrow.
- Kim, J. W., Lee, K., Lee, Y. S., Han, D. H., Min, K. J., Song, S. H., ... Kim, J. O. (2015). Factors associated with group bullying and psychopathology in elementary school students using child-welfare facilities. *Neuropsychiatric Disease and Treatment*, 11.
- Kim, S., & Kochanska, G. (2017). Relational antecedents and social implications of the emotion of empathy: Evidence from three studies. *Emotion*, 17(6), 981–992.
- Klimecki, O. M., Leiberg, S., Ricard, M., & Singer, T. (2014). Differential pattern of functional brain plasticity after compassion and empathy training. *Social Cognitive and Affective Neuroscience*, 9(6), 873–879.
- Kline, R. B. (2012). Assumptions in structural equation modeling. In R. H. Hoyle (Ed.), *Handbook of structural equation modeling*. (pp. 111–125). New York, NY: The Guilford Press.
- Kline, R. B. (2011). *Principles and practice of structural equation modeling*, 3rd ed. New York, NY: Guilford Press.
- Kljakovic, M., & Hunt, C. (2016). A meta-analysis of predictors of bullying and victimisation in adolescence. *Journal of Adolescence*, 49, 134–145.
- Knox, J. (2013). 'Feeling for' and 'feeling with': developmental and neuroscientific perspectives on intersubjectivity and empathy. *Journal of Analytical Psychology*, 58(4), 491–509.

- Koller, I., & Lamm, C. (2015). Item response model investigation of the (German) Interpersonal Reactivity Index empathy questionnaire: Implications for analyses of group differences. *European Journal of Psychological Assessment*, 31(3), 211–221.
- Kokkinos, C. M., Antoniadou, N., Asdre, A., & Voulgaridou, K. (2016). Parenting and internet behavior predictors of cyber-bullying and cyber-victimization among preadolescents. *Deviant Behavior*, 37(4), 439–455.
- Lachman, V.D. (2007). Ethics law, and policy: Moral courage in action: case studies. *MEDSURG Nursing*, 16(4), 275–277.
- Latané, B., & Darley, J. M. (1970). The unresponsive bystander: Why doesn't he help? Englewood Cliffs, NJ: Prentice Hall.
- Lee, Y., Liu, X., & Watson, M. W. (2016). The timing effect of bullying in childhood and adolescence on developmental trajectories of externalizing behaviors. *Journal of Interpersonal Violence*, 31(17), 2775–2800.
- Leith, K. P. and Baumeister, R. F. (1998), Empathy, shame, guilt, and narratives of interpersonal conflicts: Guilt-prone people are better at perspective taking. *Journal of Personality*, 66, 1–37.
- Lo, H. M. Lo. (2014). Applications of Buddhist compassion practices among people suffering from depression and anxiety in Confucian societies in East Asia. *Journal of Religion & Spirituality in Social Work: Social Thought*, (33)1, 19-32.
- Lopez, S. J., O'Byrne, K.K., & Peterson, S. (2003). Profiling courage. In S. J. Lopez & C. R. Snyder (Eds.), *Positive psychological assessment: A handbook of models and measures* (pp. 185-197). Washington, D.C.: American Psychological Association.
- Lord, S. A. (2013). Meditative dialogue: Cultivating compassion and empathy with survivors of complex childhood trauma. *Journal of Aggression, Maltreatment & Trauma*, 22(9), 997-1014.
- Lucre, K. M., & Corten, N. (2013). An exploration of group compassion-focused therapy for personality disorder. *Psychology and Psychotherapy*, 86(4), 387-400.
- Lund, E. M., & Ross, S. W. (2017). Bullying perpetration, victimization, and demographic differences in college students: A review of the literature. *Trauma, Violence & Abuse*, 18(3), 348–360.
- McCormack, L., & Joseph, S. (2014). Psychological growth in aging Vietnam veterans: Redefining shame and betrayal. *Journal of Humanistic Psychology*, 54(3), 336-355

- McCoy, C. L., & Masters, J. C. (1985). The development of children's strategies for the social control of emotion. *Child Development*, 56(5), 1214-1222.
- Malin, A. J., & Pos, A. E. (2015). The impact of early empathy on alliance building, emotional processing, and outcome during experiential treatment of depression. *Psychotherapy Research*, 25(4), 445-459.
- Mann, F. D., Briley, D. A., Tucker-Drob, E. M., & Harden, K. P. (2015). A behavioral genetic analysis of callous-unemotional traits and Big Five personality in adolescence. *Journal of Abnormal Psychology*, 124(4), 982-993.
- Martinez, A. G., Stuewig, J., & Tangney, J. P. (2014). Can perspective-taking reduce crime? Examining a pathway through empathic-concern and guilt-proneness. *Personality and Social Psychology Bulletin*, 40(12), 1659-1667.
- Masten, C. L. ., Eisenberger, N. I. ., Pfeifer, J. H. ., Colich, N. L. ., & Dapretto, M. (2013). Associations Among Pubertal Development, Empathic Ability, and Neural Responses While Witnessing Peer Rejection in Adolescence. *Child Development*, 84(4), 1338-1354.
- Maxwell, L. (2015). Beyond Bullying: Breaking the Cycle of Shame, Bullying, and Violence. *Library Journal*, 140(19), 96.
- Mehrabian, A. N. (1972). A measure of emotional empathy. *Journal of Personality*, 40(4), 525-543.
- Menesini, E., & Camodeca, M. (2008). Shame and guilt as behaviour regulators: Relationships with bullying, victimization and prosocial behaviour. *British Journal of Developmental Psychology*, 26(2), 183-196.
- Menolascino, N., & Jenkins, L. N. (2018). Predicting bystander intervention among middle school students. *School Psychology Quarterly*, 33(2), 305-313.
- Miklikowska, M., Duriez, B., & Soenens, B. (2011). Family roots of empathy-related characteristics: The role of perceived maternal and paternal need support in adolescence. *Developmental Psychology*, 47(5), 1342-1352.
- Morana, H. C. P. (1999). Subtypes of antisocial personality disorder and the implication in forensic research: Issues in the personality disorders assessment. *International Medical Journal*, 6(3), 187-199.
- Morey, L. C., & Stagner, B. H. (2012). Narcissistic pathology as core personality dysfunction: Comparing the DSM-IV and the DSM-5 proposal for narcissistic personality disorder. *Journal of Clinical Psychology*, 68(8), 908-921.

- Morrison, B. (2006). School bullying and restorative justice: Toward a theoretical understanding of the role of respect, pride, and shame. *Journal of Social Issues*, 62(2), 371-392.
- Mul, C., Stagg, S. D., Herbelin, B., & Aspell, J. E. (2018). The feeling of me feeling for you: Interoception, alexithymia and empathy in autism. *Journal of Autism & Developmental Disorders*, 48(9), 2953–2967.
- Nakagawa, S., Takeuchi, H., Taki, Y., Nouchi, R., Sekiguchi, A., Kotozaki, Y., & ... Kawashima, R. (2015). Comprehensive neural networks for guilty feelings in young adults. *Neuroimage*, 105, 248-256.
- Neumann, D. L., Chan, R. C. K., Wang, Y., & Boyle, G. J. (2016). Cognitive and affective components of empathy and their relationship with personality dimensions in a Chinese sample. *Asian Journal of Social Psychology*, 19(3), 244–253.
- Neumann, D., Zupan, B., Babbage, D. R., Radnovich, A. J., Tomita, M., Hammond, F., & Willer, B. (2012). Affect recognition, empathy, and dysosmia after traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 93(8), 1414–1420.
- Nichols, S. R., Svetlova, M., & Brownell, C. A. (2009). The role of social understanding and empathic disposition in young children's responsiveness to distress in parents and peers. *Cognition, Creier, Comportament/Cognition, Brain, Behavior*, 13(4), 449-478.
- Nigel, S. M., Dudeck, M., Otte, S., Knauer, K., Klein, V., Böttcher, T., ... Streb, J. (2018). Psychopathy, the Big Five and empathy as predictors of violence in a forensic sample of substance abusers. *Journal of Forensic Psychiatry & Psychology*, 29(6), 882–900.
- Noor, A., Bashir, S., & Earnshaw, V. A. (2016). Bullying, internalized hepatitis (Hepatitis C virus) stigma, and self-esteem: Does spirituality curtail the relationship in the workplace. *Journal of Health Psychology*, 21(9), 1860–1869.
- Noorden, T. J., Haselager, G. T., Cillessen, A. N., & Bukowski, W. M. (2015). Empathy and involvement in bullying in children and adolescents: A systematic review. *Journal of Youth and Adolescence*, 44(3), 637-657.
- Nordgren, L. F., Banas, K., & MacDonald, G. (2011). Empathy gaps for social pain: why people underestimate the pain of social suffering. *Journal of Personality and Social Psychology*, 100(1), 120-128.

- O'Moore, M., & Kirkham, C. (2001). Self-esteem and its relationship to bullying behaviour. *Aggressive Behavior*, 27(4), 269–283.
- Olthof, T. (2012). Anticipated feelings of guilt and shame as predictors of early adolescents' antisocial and prosocial interpersonal behaviour. *European Journal of Developmental Psychology*, 9(3), 371–388.
- Olweus, D., Solberg, M. E., & Breivik, K. (2018). Long-term school-level effects of the Olweus Bullying Prevention Program (OBPP). *Scandinavian Journal of Psychology*.
- Olweus D. Bullying at school. Oxford and Cambridge (MA): Blackwell Publisher; 1993.
- O'Reilly, H., & de Haan, M. (2009). The neural basis of face processing in infancy and its relationship to the development of empathy. *Cognitie, Creier, Comportament/Cognition, Brain, Behavior*, 13(4), 429–448.
- Overgaauw, S., Güroğlu, B., Rieffe, C., & Crone, E. A. (2014). Behavior and neural correlates of empathy in adolescents. *Developmental Neuroscience*, 36(3–4), 210–219.
- Owen, T., & Fox, S. (2011). Experiences of shame and empathy in violent and non-violent young offenders. *Journal of Forensic Psychiatry & Psychology*, 22(4), 551–563.
- Pedwell, C. (2012). Affective (self-) transformations: Empathy, neoliberalism and international development. *Feminist Theory*, 13(2), 163–179.
- Pelligra, V. (2011). Empathy, guilt-aversion, and patterns of reciprocity. *Journal of Neuroscience, Psychology, and Economics*, 4(3), 161–173.
- Perrault, R., Lepage, J., & Théoret, H. (2009). Motor resonance and empathy in children. *Cognitie, Creier, Comportament/Cognition, Brain, Behavior*, 13(4), 415–428.
- Philpot, R., Liebst, L. S., Levine, M., Bernasco, W., & Lindegaard, M. R. (2020). Would I be helped? Cross-national CCTV footage shows that intervention is the norm in public conflicts. *American Psychologist*, 75(1), 66–75.
- Podsiadly, A., & Gamian-Wilk, M. (2017). Personality traits as predictors or outcomes of being exposed to bullying in the workplace. *Personality & Individual Differences*, 115, 43–49.
- Press, E. (2018). Moral Courage: A Sociological Perspective. *Society*, 55(2), 181–192.

- Pouwels, J. L., van Noorden, T. H. J., & Caravita, S. C. S. (2019). Defending victims of bullying in the classroom: The role of moral responsibility and social costs. *Journal of Experimental Social Psychology*. <https://doi-org.ezproxy.lib.utexas.edu/10.1016/j.jesp.2019.103831>
- Pury, C.L., Kowalski, R.M., & Spearman, J. (2007). Distinctions between general and personal courage. *The Journal of Positive Psychology*, 2(2), 99-114.
- Putman, D. (1997). Psychological courage. *Philosophy, Psychiatry, & Psychology*, 4(1), 1-11.
- Ranganathan, A. R., & Todorov, N. (2010). Personality and self-forgiveness: the roles of shame, guilt, empathy and conciliatory behavior. *Journal of Social & Clinical Psychology*, 29(1), 1-22.
- Rate, C. R. (2010). Defining the features of courage: A search for meaning. In C. L. S. Pury & S. J. Lopez (Eds.), *The psychology of courage: Modern research on an ancient virtue*. (pp. 47–66). Washington, DC: American Psychological Association.
- Ray, D. C., Stulmaker, H. L., Lee, K. R., & Silverman, W. K. (2013). Child-centered play therapy and impairment: Exploring relationships and constructs. *International Journal of Play Therapy*, 22(1), 13-27.
- Rigby, K. (2003). Consequences of bullying in schools. *Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie*, 48(9), 583–590.
- Rigby, K., & Slee, P. T. (1993). Dimensions of interpersonal relation among Australian children and implications for psychological well-being. *Journal of Social Psychology*, 133(1), 33–42.
- Roberts, W., Strayer, J., & Denham, S. (2014). Empathy, anger, guilt: Emotions and prosocial behaviour. *Canadian Journal of Behavioural Science / Revue Canadienne des Sciences du Comportement*, 46(4), 465-474.
- Roeser, R. W., & Eccles, J. S. (2015). Mindfulness and compassion in human development: Introduction to the special section. *Developmental Psychology*, 51(1), 1-6.
- Rothbart, M. K. (2007). Temperament, development, and personality. *Current Directions in Psychological Science*, 16(4), 207–212.
- Rothbart, M. K., & Simonds, J. (2003). Temperament. In J. J. Ponzetti (Ed.), *International Encyclopedia of Marriage and Family* (2nd ed., Vol. 4, pp. 1621-1626). New York, NY: Macmillan Reference USA.

- Sahdra, B. K., Ciarrochi, J., Parker, P. D., Marshall, S., & Heaven, P. (2015). Empathy and nonattachment independently predict peer nominations of prosocial behavior of adolescents. *Frontiers in Psychology*, 6, 1-12.
- Salmivalli, C. (2014). Participant roles in bullying: How can peer bystanders be utilized in interventions? *Theory into Practice*, 53(4), 286–292.
- Salmivalli, C., Kaukiainen, A., Kaistaniemi, L., & Lagerspetz, K. M. J. (1999). Self-evaluated self-esteem, peer-evaluated self-esteem, and defensive egotism as predictors of adolescents' participation in bullying situations. *Personality and Social Psychology Bulletin*, 25(10), 1268–1278.
- Samnani, A.-K., & Singh, P. (2012). 20 Years of workplace bullying research: A review of the antecedents and consequences of bullying in the workplace. *Aggression & Violent Behavior*, 17(6), 581–589.
- Saunders, J. (2015). Compassion. *Clinical Medicine (London, England)*, 15(2), 121-124.
- Saylor, C. F., Nida, S. A., Williams, K. D., Taylor, L. A., Smyth, W., Twyman, K. A., ... Spratt, E. G. (2012). Bullying and Ostracism Screening Scales (BOSS): Development and applications. *Children's Health Care*, 41(4), 322–343.
- Schalkwijk, F., Stams, G. J., Stegge, H., Dekker, J., & Peen, J. (2014). The conscience as a regulatory function: Empathy, shame, pride, guilt, and moral orientation in delinquent adolescents. *International Journal of Offender Therapy and Comparative Criminology*.
- Schumann, K., Zaki, J., & Dweck, C. S. (2014). Addressing the empathy deficit: Beliefs about the malleability of empathy predict effortful responses when empathy is challenging. *Journal of Personality and Social Psychology*, 107(3), 475-493.
- Schwan, G. (2004). Civil courage and human dignity: How to regain respect for the fundamental values of Western democracy. *Social Research*, 71(1), 107–116.
- Sekerka, L. E., & Bagozzi, R. P. (2007). Moral courage in the workplace: moving to and from the desire and decision to act. *Business Ethics: A European Review*, 16(2), 132–149.
- Shamay-Tsoory, S., Aharon-Peretz, J., & Perry, D. (2009). Two systems for empathy: a double dissociation between emotional and cognitive empathy in inferior frontal gyrus versus ventromedial prefrontal lesions. *Brain*, 132(3), 617-627.

- Shevlin, M., & Miles, J. N. V. (1998). Effects of sample size, model specification and factor loadings on the GFI in confirmatory factor analysis. *Personality and Individual Differences*, 25(1), 85–90.
- Sherman, N. (2014). Recovering lost goodness: Shame, guilt, and self-empathy. *Psychoanalytic Psychology*, 31(2), 217-235.
- Sigurdson, J. F., Undheim, A. M., Wallander, J. L., Lydersen, S., & Sund, A. M. (2015). The long-term effects of being bullied or a bully in adolescence on externalizing and internalizing mental health problems in adulthood. *Child & Adolescent Psychiatry & Mental Health*, 9(1), 1–13.
- Sigurdson, J. F., Wallander, J., & Sund, A. M. (2014). Is involvement in school bullying associated with general health and psychosocial adjustment outcomes in adulthood? *Child Abuse & Neglect*, 38(10), 1607–1617.
- Silfver, M., Helkama, K., Lönnqvist, J., & Verkasalo, M. (2008). The relation between value priorities and proneness to guilt, shame, and empathy. *Motivation & Emotion*, 32(2), 69-80.
- Simon, J. B., Nail, P. R., Swindle, T., Bihm, E. M., & Joshi, K. (2017). Defensive egotism and self-esteem: A cross-cultural examination of the dynamics of bullying in middle school. *Self and Identity*, 16(3), 270–297.
- Sims, C. M. (2017). Do the Big-Five personality traits predict empathic listening and assertive communication? *International Journal of Listening*, 31(3), 163–188.
- Sinclair, S. J., Blais, M. A., Gansler, D. A., Sandberg, E., Bistis, K., & LoCicero, A. (2010). Psychometric properties of the Rosenberg Self-Esteem Scale: Overall and across demographic groups living within the United States. *Evaluation & the Health Professions*, 33(1), 56–80.
- Singer, T., & Klimecki, O. M. (2014). Empathy and compassion. *Current Biology: CB*, 24(18), R875-R878.
- Singer, T., & Lamm, C. (2009). The social neuroscience of empathy. *Ann.N.Y.Acad.Sci.* 1156, 81–96.
- Singham, T., Viding, E., Schoeler, T., et al. (2017). Concurrent and longitudinal contribution of exposure to bullying in childhood to mental health: The role of vulnerability and resilience. *JAMA Psychiatry*, 74(11), 1112–1119.

- Skoe, E. E. A. (2010). The relationship between empathy-related constructs and care-based moral development in young adulthood. *Journal of Moral Education*, 39(2), 191–211.
- Smokowski, P. R., Evans, C. B. R., & Cotter, K. L. (2014). The differential impacts of episodic, chronic, and cumulative physical bullying and cyberbullying: The effects of victimization on the school experiences, social support, and mental health of rural adolescents. *Violence and Victims*, 29(6), 1029–1046.
- Song, Y., & Shi, M. (2017). Associations between empathy and big five personality traits among Chinese undergraduate medical students. *PLoS ONE*, 12(2), 1–13.
- Sonnentag, T. L., & Barnett, M. A. (2016). Role of Moral Identity and Moral Courage Characteristics in Adolescents' Tendencies to Be a Moral Rebel. *Ethics & Behavior*, 26(4), 277–299.
- Sonnentag, T. L., Wadian, T. W., Barnett, M. A., Gretz, M. R., & Bailey, S. M. (2018). Characteristics Associated with Individuals' Caring, Just, and Brave Expressions of the Tendency to be a Moral Rebel. *Ethics & Behavior*, 28(5), 411–428.
- Spadafora, N., Marini, Z. A., & Volk, A. A. (2020). Should I Defend or Should I Go? An Adaptive, Qualitative Examination of the Personal Costs and Benefits Associated with Bullying Intervention. *Canadian Journal of School Psychology*, 35(1), 23–40.
- Stanger, N., Kavussanu, M., & Ring, C. (2012). Put yourself in their boots: Effects of empathy on emotion and aggression. *Journal of Sport & Exercise Psychology*, 34(2), 208–222.
- Stark, A. M., Tousignant, O., & Fireman, G. D. (2019). Gender-based effects of frames on bullying outcomes. *The Journal of Psychology: Interdisciplinary and Applied*.
- Stewart, C. C., Lawrence, S. S. L. ed., & Burg, M. A. (2018). The Relationship of Personality and Spirituality to Empathy. *Journal of Empirical Theology*, 31(1), 1–17.
- Stifter, C. A., Cipriano, E., Conway, A., & Kelleher, R. (2009). Temperament and the Development of Conscience: The Moderating Role of Effortful Control. *Social Development*, 18(2), 353–374.
- Suizzo, M.-A., Rackley, K. R., Robbins, P. A., Jackson, K. M., Rarick, J. R. D., & McClain, S. (2017). The unique effects of fathers' warmth on adolescents' positive beliefs and behaviors: Pathways to resilience in low-income families. *Sex Roles: A Journal of Research*, 77(1–2), 46–58.

- Sweezy, M. (2011). The Teenager's Confession: Regulating Shame in Internal Family Systems Therapy. *American Journal of Psychotherapy*, 65(2), 179-188.
- Tangney, J. P. (1996). Conceptual and methodological issues in the assessment of shame and guilt. *Behaviour Research and Therapy* 34(9), 741-754.
- Tangney, J. P., Wagner, P. E., Hill-Barlow, D., Marschall, D. E., & Gramzow, R. (1996). Relation of shame and guilt to constructive versus destructive responses to anger across the lifespan. *Journal of Personality and Social Psychology*, 70(4), 797-809.
- Tangney, J. P. (1991). Moral affect: The good, the bad, and the ugly. *Journal of Personality and Social Psychology*, 61(4), 598-607.
- Tangney, J. P. (1990). Assessing individual differences in proneness to shame and guilt: Development of the Self-Conscious Affect and Attribution Inventory. *Journal of Personality and Social Psychology*, 59(1), 102-111.
- Thompson, R. A. (2012). Whither the Preconventional Child? Toward a Life-Span Moral Development Theory. *Child Development Perspectives*, 6(4), 423-429.
- Thornberg, R. (2015). School Bullying as a Collective Action: Stigma Processes and Identity Struggling. *Children & Society*, 29(4), 310–320.
- Thornberg, R., Landgren, L., & Wiman, E. (2018). “It Depends”: A Qualitative Study on How Adolescent Students Explain Bystander Intervention and Non-Intervention in Bullying Situations. *School Psychology International*, 39(4), 400–415.
- Tilindienė, I., Rastauskienė, G. J., Gaižauskienė, A., & Stupuris, T. (2012). Relationship between 12-16-Year-Old Athletes' Self-Esteem, Self-Confidence and Bullying. / Savęs Vertinimo, Pasitikėjimo Savimi Ir Patyčių Sąsajos Tarp 12-16 Metų Sportininkų. *Education. Physical Training. Sport*, 85(2), 76–82.
- Tone, E. B., & Tully, E. C. (2014). Empathy as a "risky strength": a multilevel examination of empathy and risk for internalizing disorders. *Development and Psychopathology*, 26(4 Pt 2), 1547-1565.
- Tousignant, B., Sirois, K., Achim, A. M. 4., Massicotte, E., & Jackson, P. L. (2017). A comprehensive assessment of social cognition from adolescence to adulthood. *Cognitive Development*, 43, 214–223.
- Tritt, C., & Duncan, R. D. (1997). The relationship between childhood bullying and young adult self-esteem and loneliness. *Journal of Humanistic Education & Development*, 36(1), 35-44.

- Tronick, E. Z. (1989). Emotions and emotional communication in infants. *American Psychologist*, 44(2), 112–119.
- Tsang, S., Hui, E., & Law, B. (2011). Bystander Position Taking in School Bullying: The Role of Positive Identity, Self-Efficacy, and Self-Determination. *The Scientific World Journal*, 11, 2278–2286.
- Tully, E. C., Donohue, M. R., & Garcia, S. E. (2015). Children's empathy responses and their understanding of mother's emotions. *Cognition and Emotion*, 29(1), 118-129.
- van der Ploeg, R., Kretschmer, T., Salmivalli, C., & Veenstra, R. (2017). Defending victims: What does it take to intervene in bullying and how is it rewarded by peers? *Journal of School Psychology*, 65, 1–10.
- van Noorden, T. J., Cillessen, A. N., Haselager, G. T., Lansu, T. M., & Bukowski, W. M. (2017). Bullying Involvement and Empathy: Child and Target Characteristics. *Social Development*, 26(2), 248-262.
- van Noorden, T. J., Bukowski, W. M., Haselager, G. T., Lansu, T. M., & Cillessen, A. N. (2016). Disentangling the Frequency and Severity of Bullying and Victimization in the Association with Empathy. *Social Development*, 25(1), 176-192.
- Vanderbilt, D. & Augustyn, M. (2010). The effects of bullying. *Paediatrics and Child Health*, 20(7), 315-320.
- Video, H. (2015, April 27). Sexual Assault Survivor: 'Rape Is Really About Power'. Retrieved from https://www.huffpost.com/entry/sexual-assault-survivor-rape-is-really-about-power_n_5b56e5cae4b01e373aac0f34
- Vorauer, J. D., & Sasaki, S. J. (2009). Helpful Only in the Abstract? *Psychological Science* (0956-7976), 20(2), 191–197.
- Wagers, K. B., & Kiel, E. J. (2019). The influence of parenting and temperament on empathy development in toddlers. *Journal of Family Psychology*. Not Yet Cited
- White, J. A. (2015). A Model of Moral Courage: A Study of Leadership for Human Rights and Democracy in Myanmar. *Journal of Civil Society*, 11(1), 1–18.
- Wilson, B. J. (2008). Media and Children's Aggression, Fear, and Altruism. *Future of Children*, 18(1), 87-118.
- Winning, A. P., & Boag, S. (2015). Does brief mindfulness training increase empathy? The role of personality. *Personality & Individual Differences*, 86, 492-498.

- Wolff, S., Townshend, R., McGuire, R. J., & Weeks, D. J. (1991). "Schizoid" personality in childhood and adult life II: Adult adjustment and the continuity with schizotypal personality disorder. *The British Journal of Psychiatry*, 159, 620–629.
- Wolke, D., & Lereya, S. T. (2015). Long-term effects of bullying. *Archives of Disease in Childhood*, 100(9), 879–885.
- Wolke, D., Baumann, N., Strauss, V., Johnson, S., & Marlow, N. (2015). Bullying of preterm children and emotional problems at school age: cross-culturally invariant effects. *The Journal of Pediatrics*, 166(6), 1417–1422.
- Woodard, C. R., & Pury, C. L. S. (2007). The construct of courage: Categorization and measurement. *Consulting Psychology Journal: Practice and Research*, 59(2), 135–147.
- Woods, H. M. (2014). Relationships of Mindfulness, Self-Compassion, and Meditation Experience with Shame-Proneness. *Journal of Cognitive Psychotherapy*, 28(1), 20–33.
- Yamaoka, T., & Stapleton, P. (2016). Exploring the Links between Culture, Locus of Control and Self- Compassion and their Roles in the Formation of Weight Stigmatization. *New School Psychology Bulletin*, 13(2), 32-46.
- Yang, M., Yang, C., & Chiou, B. (2010). When guilt leads to other orientation and shame leads to egocentric self-focus: Effects of differential priming of negative affects on perspective taking. *Social Behavior & Personality: An International Journal*, 38(5), 605-614.
- Yun, H.-Y., & Graham, S. (2018). Defending victims of bullying in early adolescence: A multilevel analysis. *Journal of Youth and Adolescence*, 47(9), 1926–1937.
- Zahn-Waxler, C., Klimes-Dougan, B., Slattery, M. J. (2000). Internalizing problems of childhood and adolescence: prospects, pitfalls, and progress in understanding the development of anxiety and depression. *Developmental Psychopathology*, 12, 443–466.
- Zahn-Waxler, C., & Radke-Yarrow, M. (1990). The origins of empathic concern. *Motivation and Emotion*, 14(2), 107–130.
- Zmyj, N., Hauf, P., & Striano, T. (2009). Discrimination between real-time and delayed visual feedback of self-performed leg movements in the first year of life. *Cognition, Brain, Behavior: An Interdisciplinary Journal*, 13(4), 479-489.

Zurek, P. P., & Scheithauer, H. (2017). Towards a More Precise Conceptualization of Empathy: An Integrative Review of Literature on Definitions, Associated Functions, and Developmental Trajectories. *International Journal of Developmental Science*, 11(3), 57–68.